

DOCUMENT RESUME

ED 270 677

CG 019 131

AUTHOR Segal, Bernard; And Others
TITLE Patterns of Drug Use: School Survey.
INSTITUTION Alaska Univ., Anchorage. Center for Alcohol and
Addiction Studies.
SPONS AGENCY Alaska State Office of Alcoholism and Drug Abuse,
Juneau.
PUB DATE 31 Jul 83
NOTE 273p.
PUB TYPE Reports - Research/Technical (143) --
Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC11 Plus Postage.
DESCRIPTORS Age Differences; Alcoholism; Behavior Patterns;
Drinking; *Drug Abuse; Drug Education; *Drug Use;
School Surveys; Secondary Education; *Secondary
School Students; Sex Differences; *Student
Attitudes
IDENTIFIERS *Alaska

ABSTRACT

This study surveyed students in grades 7-12 in eight Alaskan school districts. The study was designed to obtain information on the use or nonuse of a broad spectrum of chemical substances, ranging from legal, socially sanctioned drugs for those of legal age such as alcohol and tobacco, to illegal and unsanctioned drugs taken for nonmedical purposes such as marijuana, cocaine, hallucinogens, and stimulants. Major findings of the study included the following: (1) one-half of the students reported experiences with one or more illicit mood-altering drug; (2) Alaskan students reported more experiences with psychoactive drugs than did their counterparts in the "lower 48"; (3) the majority of drug use was experimental and not daily use; (4) slightly higher proportions of males than females used drugs; (5) as age and grade level increased, the proportion of students who had tried drugs increased correspondingly; (6) most students who did not try drugs or who had stopped taking drugs reported fear that drugs would cause psychological or physical harm; (7) more students who had tried drugs expressed a need for drug education than did those who had not tried drugs; and (8) problems related to drug use increased as grade level increased. (Eighty-three tables and 26 figures are included. Survey instruments and the report of the Anchorage School Survey are appended.) (ABL)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED270677

PATTERNS OF DRUG USE: SCHOOL SURVEY



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☒ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Bernard Segal

Bernard Segal, Ph.D.

Jill McKelvy, Ph.D.

Dani Bowman, Ph.D.

Theodore A. Mala, MD, MPH

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
July 31, 1983

Funded by a grant from the State Office of Alcoholism and Drug Abuse

C6019131

TABLE OF CONTENTS

List of Tables.....	iii
List of Figures.....	v
Preface.....	vi

I. EXECUTIVE SUMMARY: Highlights of the Study

A. Introduction.....	1
B. Glossary.....	4
C. Major Findings.....	7
D. Abstraction of Summary and Conclusions.....	13

II. METHODOLOGY

A. Research Design and Procedures.....	15
B. The Survey Instrument.....	16
C. Confidentiality and Anonymity.....	17
D. The Sampling Frame.....	18
E. The Sample.....	19

III. RESULTS

Overview.....	21
1. Total Sample, Tables T-1 - T-14.....	22
2. Total Less Anchorage, Tables A-1 - A-14.....	23
3. Anchorage, Barrow, Kotzebue, Nome, and Sitka, Tables A2-1 - A1-13.....	23
4. Bethel, Fairbanks, and Juneau, Tables A2-1 - A2-13.....	23
5. Barrow, Kotzebue, and Nome, Tables A3-1 - A3-13.....	23

IV. DISCUSSION OF RESULTS

Part I. Experiences with Psychoactive Drugs

Overview.....	127
A. Prevalence of Drug-Taking.....	127
1. Opportunity to Try and Trying Drugs.....	127
2. Lifetime Experiences with Psychoactive Drugs and Past Year Experiences.....	129
3. Incidence and Frequency of Drug-Taking Behavior.....	130
4. Gender and Drug-Taking Behavior.....	131
B. Selected School Demographics and Drug-Taking Behavior.....	131
1. Comparison of Junior High and Senior High School Students: Lifetime Experiences with Psychoactive Drugs.....	131
2. Frequency and Incidence of Drug-Taking Behavior by Junior and Senior High School Students.....	132
3. Drug-Taking Behavior by Grade.....	133
4. Age and First Experiences with Psychoactive Drugs.....	134
Summary of Part I: Experiences with Psychoactive Drugs.....	135

Part II. Drug Experiences and Related Behaviors.....	135
A. Reasons for Not Trying or Having Stopped Experimenting with Drugs.....	136
1. Reasons for Not Trying Drugs.....	136
2. Reasons for Stopping Drugs.....	137
B. Drug Education and Drug-Taking Behavior.....	137
C. Students' Perception of Drug-Taking Behavior.....	138
1. Drug Use and Perception of Ease of Obtaining Drugs.....	138
2. Drug-Taking and the Perception of a Need for Drug-Education...	138
D. Possible Impacts of Drug-Taking Behavior.....	139
Part III. Comparison with National Survey Data.....	140
A. Comparison with National Household Sample: 12-17 Years Old.....	140
B. Comparison of High School Seniors.....	141
V. CONCLUSIONS AND RECOMMENDATIONS.....	142
References.....	150

APPENDIX I: Survey Instruments

APPENDIX II: Anchorage School Survey

LIST OF TABLES

TABLE A: Sampling Frame.....	18
TABLE B: Number of Students by Grade.....	19
TABLE C: Number and Percent of Students by Age.....	20
TABLE T-1: Opportunity to Try and Trying Drugs.....	25
TABLE T-2: Lifetime Experiences with Psychoactive Drugs.....	27
TABLE T-3: Frequency of Drug-Taking Behavior.....	28
TABLE T-4: Lifetime Experiences with Psychoactive Drugs by Gender.....	29
TABLE T-5: Lifetime Experiences with Psychoactive Drugs, Jr. - Sr. High Comparisons.....	30
TABLE T-6A: Frequency of Taking Drugs, Jr. High.....	32
TABLE T-6B: Frequency of Taking Drugs, Sr. High.....	33
TABLE T-7: Drug-Taking Behavior by Grade.....	34
TABLE T-8: Reasons for Not Trying or Having Stopped Experimenting with Psychoactive Drugs.....	36
TABLE T-9: Drug Education and Trying Drugs.....	37
TABLE T-10: Students' Perceptions of Drug-Taking Behavior.....	38
TABLE T-11: Percent of Students Responding "True" to Various Statements.....	39
TABLE T-12: Comparisons of Lifetime Experiences with Psychoactive Drugs.....	40
TABLE T-13: Comparisons of Lifetime Experiences with Psychoactive Drugs, Seniors and National Survey Data.....	42
TABLE A-1: Opportunity to Try and Trying Drugs.....	43
TABLE A-2: Lifetime Experiences with Psychoactive Drugs.....	45
TABLE A-3A: Incidence of Drug-Taking Behavior.....	46
TABLE A-3B: Frequency of Drug-Taking Behavior.....	47
TABLE A-4: Lifetime Experiences with Psychoactive Drugs by Gender.....	48
TABLE A-5: Lifetime Experiences with Psychoactive Drugs, Jr. - Sr. High Comparisons.....	49
TABLE A-6A: Incidence of Taking Drugs, Jr. H.S.....	51
TABLE A-6B: Incidence of Taking Drugs, Sr. H.S.....	52
TABLE A-6C: Frequency of Taking Drugs, Jr. High.....	53
TABLE A-6D: Frequency of Taking Drugs, Sr. High.....	54
TABLE A-7: Drug-Taking Behavior by Grade.....	55
TABLE A-8: Reasons for Not Trying or Having Stopped Experimenting with Psychoactive Drugs.....	57
TABLE A-9: Drug Education and Trying Drugs.....	58
TABLE A-10: Students' Perceptions of Drug-Taking Behavior.....	59
TABLE A-11: Percent of Students Responding "True" to Various Statements.....	60
TABLE A-12: Comparisons of Lifetime Experiences with Psychoactive Drugs.....	61
TABLE A-13: Comparisons of Lifetime Experiences with Psychoactive Drugs, Seniors and National Survey Data.....	63
TABLE A-14: Age and Reported First Experiences with Psychoactive Drugs.....	64
TABLE Al-1: Opportunity to Try and Trying Drugs.....	67
TABLE Al-2: Lifetime Experiences with Psychoactive Drugs.....	69
TABLE Al-3: Frequency of Drug-Taking Behavior.....	70
TABLE Al-4: Lifetime Experiences with Psychoactive Drugs by Gender.....	71
TABLE Al-5: Lifetime Experiences with Psychoactive Drugs, Jr. - Sr. High Comparisons.....	72

TABLE A1-6A: Incidence of Taking Drugs, Jr. High.....	74
TABLE A1-6B: Incidence of Taking Drugs, Sr. High.....	75
TABLE A1-7: Drug-Taking Behavior by Grade.....	76
TABLE A1-8: Reasons for Not Trying or Having Stopped Experimenting with Psychoactive Drugs.....	78
TABLE A1-9: Drug Education and Trying Drugs.....	79
TABLE A1-10: Students' Perceptions of Drug-Taking Behavior.....	80
TABLE A1-11: Percent of Students Responding "True" to Various Statements.....	81
TABLE A1-12: Comparisons of Lifetime Experiences with Psychoactive Drugs.....	82
TABLE A1-13: Comparisons of Lifetime Experiences with Psychoactive Drugs, Seniors and National Survey Data.....	84
TABLE A2-1: Opportunity to Try and Trying Drugs.....	85
TABLE A2-2: Lifetime Experiences with Psychoactive Drugs.....	87
TABLE A2-3A: Incidence of Drug-Taking Behavior.....	88
TABLE A2-3B: Frequency of Drug-Taking Behavior.....	89
TABLE A2-4: Lifetime Experiences with Psychoactive Drugs by Gender.....	90
TABLE A2-5: Lifetime Experiences with Psychoactive Drugs, Jr. - Sr. High Comparisons.....	91
TABLE A2-6A: Incidence of Taking Drugs, Jr. High.....	93
TABLE A2-6B: Incidence of Taking Drugs, Sr. High.....	94
TABLE A2-6C: Frequency of Taking Drugs, Jr. High.....	95
TABLE A2-6D: Frequency of Taking Drugs, Sr. High.....	96
TABLE A2-7: Drug-Taking Behavior by Grade.....	97
TABLE A2-8: Reasons for Not Trying or Having Stopped Experimenting with Psychoactive Drugs.....	99
TABLE A2-9: Drug Education and Trying Drugs.....	100
TABLE A2-10: Students' Perceptions of Drug-Taking Behavior.....	101
TABLE A2-11: Percent of Students Responding "True" to Various Statements.....	102
TABLE A2-12: Comparisons of Lifetime Experiences with Psychoactive Drugs.....	103
TABLE A2-13: Comparisons of Lifetime Experiences with Psychoactive Drugs, Seniors and National Survey Data.....	105
TABLE A3-1: Opportunity to Try and Trying Drugs.....	106
TABLE A3-2: Lifetime Experiences with Psychoactive Drugs.....	108
TABLE A3-3A: Incidence of Drug-Taking Behavior.....	109
TABLE A3-3B: Frequency of Drug-Taking Behavior.....	110
TABLE A3-4: Lifetime Experiences with Psychoactive Drugs by Gender.....	111
TABLE A3-5: Lifetime Experiences with Psychoactive Drugs, Jr. - Sr. High Comparisons.....	112
TABLE A3-6A: Incidence of Taking Drugs, Jr. High.....	114
TABLE A3-6B: Incidence of Taking Drugs, Sr. High.....	115
TABLE A3-6C: Frequency of Taking Drugs, Jr. High.....	116
TABLE A3-6D: Frequency of Taking Drugs, Sr. High.....	117
TABLE A3-7: Drug-Taking Behavior by Grade.....	118
TABLE A3-8: Reasons for Not Trying or Having Stopped Experimenting with Psychoactive Drugs.....	120
TABLE A3-9: Drug Education and Trying Drugs.....	121
TABLE A3-10: Students' Perceptions of Drug-Taking Behavior.....	122
TABLE A3-11: Percent of Students Responding "True" to Various Statements.....	123
TABLE A3-12: Comparisons of Lifetime Experiences with Psychoactive Drugs.....	124
TABLE A3-13: Comparisons of Lifetime Experiences with Psychoactive Drugs, Seniors and National Survey Data.....	126

LIST OF FIGURES

FIGURE 1: Lifetime Experiences with Psychoactive Drugs.....	8
FIGURE 2: Comparison of Alaska with National Survey Data.....	9
FIGURE 3: Age First Trying Psychoactive Drugs.....	11
FIGURE 4: Ever Try Marijuana, Stimulants or Cocaine by Grade Level.....	12
FIGURE T-1: All Schools: Opportunity to Try and Trying Drugs.....	26
FIGURE T-5: Percent of Jr. and Sr. High School Students Having Tried Drugs..	31
FIGURE T-7: Ever Try Marijuana, Stimulants, or Cocaine by Grade Level.....	35
FIGURE T-12: Comparison of Alaska and National Survey Data: Lifetime Experiences with Psychoactive Drugs.....	41
FIGURE A-1: Opportunity to Try and Trying Drugs.....	44
FIGURE A-5: Percent of Jr. and Sr. High School Students Having Tried Drugs..	50
FIGURE A-7: Ever Try Marijuana, Stimulants, or Cocaine by Grade Level.....	56
FIGURE A-12: Comparison with National Survey Data: Lifetime Experiences with Psychoactive Drugs.....	62
FIGURE A-14A: Age First Trying Psychoactive Drugs.....	65
FIGURE A-14B: Age First Trying Psychoactive Drugs.....	66
FIGURE A1-1: Opportunity to Try and Trying Drugs.....	68
FIGURE A1-5: Percent of Jr. and Sr. High School Students Having Tried Drugs..	73
FIGURE A1-7: Ever Try Marijuana, Stimulants, or Cocaine by Grade Level.....	77
FIGURE A1-12: Comparison with National Survey Data: Lifetime Experiences with Psychoactive Drugs.....	83
FIGURE A2-1: Opportunity to Try and Trying Drugs.....	86
FIGURE A2-5: Percent of Jr. and Sr. High School Students by Grade Level.....	92
FIGURE A2-7: Ever Try Marijuana, Stimulants, or Cocaine by Grade Level.....	98
FIGURE A2-12: Comparison with National Survey Data: Lifetime Experiences with Psychoactive Drugs.....	104
FIGURE A3-1: Opportunity to Try and Trying Drugs.....	107
FIGURE A3-5: Percent of Jr. and Sr. High School Students by Grade Level.....	113
FIGURE A3-7: Ever Try Marijuana, Stimulants, or Cocaine by Grade Level.....	119
FIGURE A3-12: Comparison with National Survey Data: Lifetime Experiences with Psychoactive Drugs.....	125

PREFACE

The Center for Alcohol and Addiction Studies (CAAS) of the University of Alaska, Anchorage (UAA), in accordance with a grant from the State Office of Alcoholism and Drug Abuse (SOADA), has undertaken a statewide survey in selected locations to ascertain the nature and extent of drug-taking behavior in Alaska. The communities selected for the survey were Anchorage, Barrow, Bethel, Juneau, Fairbanks, Kotzebue and Sitka. School age youth, grades 7-12, were also surveyed and the cities included in the school survey correspond to those in the community sample with the addition of Nome schools.

The results of the school survey will be presented in three documents. The first document of the study, Part I: Patterns of Drug Use, will focus on the nature and extent of drug experiences of Alaskan students, including alcohol and tobacco products.

The second document, Part II: Psychosocial Correlates of Drug-taking Behavior, will emphasize social and psychological factors related to drug use and/or nonuse. A third report will show the findings for each school district in the survey. However, this last report will not identify the communities since not all school districts wish the information about their specific district to be made public. It is supplied only to SOADA for planning purposes. The individual school districts will receive a report of the findings only for their school district; it is envisioned that it will help in planning for education/prevention programs.

We wish to dedicate this work to the Alaskan students who participated in the study. We hope their efforts will pay off with beneficial programs for future students. We would also like to thank the following people who helped

facilitate this rather massive project of conducting school surveys in eight widely separated regions of the state.

Steve McAlister, Kotzebue
Bud Ivey, Juneau
Fred Stofflet, Anchorage
Ray Fenton, Anchorage
Susan Fenne, Bethel

Don Renfroe, Barrow
Carolyn Hoover, Fairbanks
Ron Wodaski, Sitka
Terry Kuhn, Sitka
Robert Bellmore, Nome

and

School Board members and school personnel in the

Anchorage School District
Juneau Borough School District
Northwest Arctic School District
Fairbanks Northstar Borough
School District

North Slope School District
Sitka School District
Nome Public Schools
Lower Kuskokwim School
District

We also wish to thank the following staff and research team members for their valuable contribution to this project:

Nancy Babb
Ronald Barry
Lynn Conant
Robin Henderson
Sheri Kirkman

Bruce Lankford
Sandra Maxwell
Jean Miller
Nancy Seamount
Chris Wonnacott

and

A special thanks to Michele Bates for her invaluable assistance with the final documents.

Last, but not least, we would like to express our appreciation for the support and guidance we have received from our project monitor Jim Gorman and the State Office of Alcoholism and Drug Abuse. Also, we would like to acknowledge the Governor's Review Board on Drug Abuse for their recognition of the need for this study and their willingness to face the issue of drug use among our youth.

Bernard Segal, Ph.D.
Project Director

Jill McKelvy, Ph.D.
Research Coordinator

Dani Bowman, Ph.D.
Research Associate

Theodore A. Mala, MD, MPH
Field Coordinator

vii

EXECUTIVE SUMMARY:
Highlights of the Study

A. Introduction

This report presents the findings from a study conducted by the Center for Alcohol and Addiction Studies (CAAS) of the University of Alaska, Anchorage. The research, sponsored by the State Office of Alcoholism and Drug Abuse (SOADA), surveyed students in grades 7-12 in school districts in eight locations in the state: Anchorage, Barrow, Bethel, Kotzebue, Fairbanks, Juneau, Nome and Sitka. The project was designed to obtain information on the use or nonuse of a broad spectrum of chemical substances, ranging from legal socially-sanctioned drugs for those of legal age, such as alcohol and tobacco, to illegal and unsanctioned drugs taken for nonmedical purposes, such as marijuana, cocaine, hallucinogens and stimulants, among others.

In recent years American society has experienced an increase in the frequency and intensity of substance use and abuse, particularly among college and secondary school age youth. In particular, the nonmedical use of illicit mood-altering drugs by youth of elementary, junior and senior high school age has become a problem of major concern. Although legal and social sanctions exist to preclude nonmedical use of psychoactive drugs for recreational or social purposes, they continue to be taken, and youngsters who take them are placing themselves at risk for potential legal, social, and health problems.

Recent research (c.f., Richards, 1981) has shown that the prevalence of drug use is generally fairly low among elementary school youth, but that the prevalence increases dramatically among junior and senior high school students. The

use of drugs among school age youth began to emerge slowly in the early 1960's, and increased dramatically during the mid to late 1970's. Although the prevalence of drug use is believed to be moderating (Miller, 1983; Johnston, Bachman, & O'Malley, 1982), the overall level of drug use by youth remains a significant concern.

Interest in learning about the nature and extent of drug use by school age youth has prompted a number of national surveys sponsored by the National Institute of Drug Abuse (NIDA), as well as a myriad of research studies directed at investigating adolescent drug use (c.f., Richards, 1981). Alaska has been isolated from participation in these studies, thereby leaving a void with respect to reliable information on the use and nonuse of drugs by Alaska's school age youth. Without this information state and local agencies are hampered in their planning for drug related services, education, and prevention programs.

The present research is directed at achieving information concerning experiences with mood-altering drugs by school age youth. It is the specific aim of the study to identify current trends and patterns of use by these youthful Alaskan residents, and to also obtain knowledge about students' perceptions and consequences of using drugs. In order to achieve these objectives, surveys were conducted in eight school districts (listed above) in diverse locations within the state. The major topics to be addressed from the results of the survey in this report are the current prevalence of drug use among the students and an analysis of some of the characteristics of those who have had experiences with psychoactive drugs. Also reported are data on use by grade, age of first use, intensity of drug use, and perceptions about taking drugs. Emphasis is also given to addressing the non-using student, and to explore why they did not experiment with chemical substances.

The results to be presented have been summarized in a series of tables, charts and graphs; a discussion of results follows the presentation of the tables. In the following section a glossary has been provided to help define terms and to provide a key to the interpretation of the graphic figures. When appropriate, comparisons of the Alaskan data have been made with comparable school age youth included in some of the national survey research.

It is envisioned that the findings of the drug survey will be useful to schools in their efforts to develop education programs designed to address the issue of drug-taking behavior. Additionally, the study is designed to assist SOADA with respect to its planning and policy development, as well as to be of value to local and state governments and governmental agencies in their efforts to understand and deal with the health, social and legal consequences of drug-taking behavior by school age youth.

In summary, the five sets of results share several critical characteristics which contribute to the integration of findings, and which also contribute to their utility to estimate drug use among the general population of school age youth in Alaska:

- data collection from students in grades 7-12, which consistently includes those in age from 12 to 18;
- adequate and consistent sampling methodology;
- comparability of drugs investigated;
- comparability of question formats; and
- accessibility of detailed tabular data.

Each of the five data sets are found in Chapter III, the section on results. Chapter IV contains a discussion of the results, followed by conclusions and recommendations (Chapter V).

B. Glossary

This section is provided to acquaint the reader with precise definitions of the terms and concepts used in this report. Included in this glossary are definitions of substances and frequently used terms, as well as information on reading tables, and clarification of the statistical terms used in the report. Phrases are listed in alphabetical order.

<u>Adults</u>	This category includes persons age 26 years and older. For other age groups see: Youth and Young Adults.
<u>Alcohol</u>	Alcoholic beverages - beer, wine, and whiskey, such as gin, and other hard liquors.
<u>Barbiturates</u>	See depressants.
<u>Cocaine</u> (see stimulants)	A behavioral stimulant drug taken to induce a "rush" which involves a feeling of intense euphoria and a sense of well-being.
<u>Confidence Level</u> (Interval)	A range of values within which the true statistic or value may be found, or where there is a probability of locating the true population value.
<u>Current Use</u>	Has used within past month.
<u>Depressants</u>	Chemical substances which act to exert a nonselective general depressant action upon the central nervous system, and which are taken to induce a mild state of euphoria similar to alcohol intoxication. Sedatives are divided into four subgroups: intermediate/long acting barbiturates, nonbarbiturate/nonbenzodiazepine sedatives, short acting barbiturates and Dalmane.
<u>Drug</u>	For purposes of the study, a drug is defined as any chemical substance that alters mood, perception, or consciousness.
<u>Frequency</u>	How often a drug was taken, e.g., once a week, weekly, etc.
<u>Ever Used</u>	Taking/trying a drug one or more times during one's lifetime.
<u>Hallucinogens</u>	Drugs classified as hallucinogens and/or psychedelics have the capacity to induce visual, auditory, and other hallucinatory experiences, and to separate the individual from reality. Such drugs as LSD, phencyclidine (PCP), mescaline, psyote, psilocybin, and DMT, among others, are included within general data on hallucinogens.
<u>Heroin</u>	A semisynthetic opiate produced by a chemical modification of morphine, taken to induce a subjective experience characterized by an extremely pleasant, euphoric state, feelings of warmth, well-being, peacefulness and contentment.

<u>Inhalants</u>	For the purpose of this report, substances currently being inhaled to alter subjective states are being defined as inhalants. Inhalants may be classified into three basic classes: commercial and related volatile solvents, aerosols, and anesthetics. The following substances have been defined as inhalants: 1) Gasoline or lighter fluids; 2) Spray paints; 3) Other aerosol sprays (PAM or deodorants); 4) Shoe shine, glue, or toluene; 5) Lacquer thinner, or other paint solvents; 6) Amyl nitrite, "poppers"; 7) Halothane, ether, or other anesthetics; 8) Nitrous oxide, whippets; 9) Locker room odorizer; 10) Other substances used as inhalants.
<u>Lifetime Prevalence (Ever Used)</u>	Percent who ever used; i.e., has used the drug one or more times in lifetime.
<u>Marijuana</u>	A mixture of the crushed leaves, flowers, and small branches obtained from the hemp plant, and taken to induce feelings of well-being, relaxation, tranquility, and a heightened state of awareness.
<u>Nonuse</u>	A "No" answer to any of the questions which inquire whether one had ever taken a chemical substance.
<u>Opiates</u>	Any natural or synthetic drug that acts in the same way as morphine to relieve pain, such as codeine, demerol and other such drugs.
<u>Past Month, Past Year Use</u>	See: Use in Past Month, Use in Past Year.
<u>Percents/Percentage</u>	A given part or amount in every hundred, e.g., a 20% rate means 20 in every 100. Percents are shown to the nearest tenth for the data in this study.
<u>Prevalence</u>	The incident of drug taking, represented by the percent of respondents who tried a drug, such as 40% tried a drug 6 or more times.
<u>Recency of Use</u>	The categories of recency are: past 30 days, past year, and lifetime use.
<u>Relative Percent</u>	The amount or number of persons among those within a specific group, e.g., taking or not taking a specific drug, who have responded to questions which pertain only to use or non-use of the drug.
<u>Rounding</u>	The tables sometimes add to 99% or 101% when they should add to 100%. Similarly, tables shown to one decimal place sometimes add to 99.9% or 100.1% instead of 100%. These discrepancies are due to the rounding of percents.
<u>Sedatives</u>	See depressants.
<u>Significance (level of)</u>	The reliability of finding or the dependability one can place on an obtained statistic as an indicator of the true population

value. Significance always refers to probability, or how much an obtained value can be explained as a chance occurrence. The significance value used in this research is $p = .05$, which means that we anticipate that 95 times out of 100 chances we have obtained reliable statistics.

Stimulants

Any drug that increases behavioral activity is defined as a stimulant drug. Stimulants are divided into amphetamines, nonamphetamine anorectics, Ritalin, and Cylert. These drugs are generally taken to feel more alert, to achieve a "rush," or to enhance the effects of other drugs.

Tranquilizers

Psychoactive drugs which are used principally to reduce anxiety, stress or tension and to treat neurotic disorders. The tranquilizers concerned in this survey are Librium, Valium, Equanil and other such types.

Use in Past
30 Days

Reports given which indicate have taken a drug one or more times during the past 30-day period.

Use in Past
Year

Respondent reports use one or more times during year prior to interview date.

Young Adults

This category includes persons age 18 to 25 years. For other age groups see: Youth and Older Adults.

Youth

This category includes persons who participated in Junior and Senior High School samples. Age of respondents will vary but will generally range from 12 to 18. For other groups see Adults and Young Adults.

Key to Graphs and Figures

MJ - Marijuana	ST - Stimulants
HL - Hallucinogens	DP - Depressants
CK - Cocaine	TQ - Tranquilizers
HR - Heroin	OP - Opiates
IH - Inhalants	TB - Tobacco
AL - Alcohol	

C. Major Findings

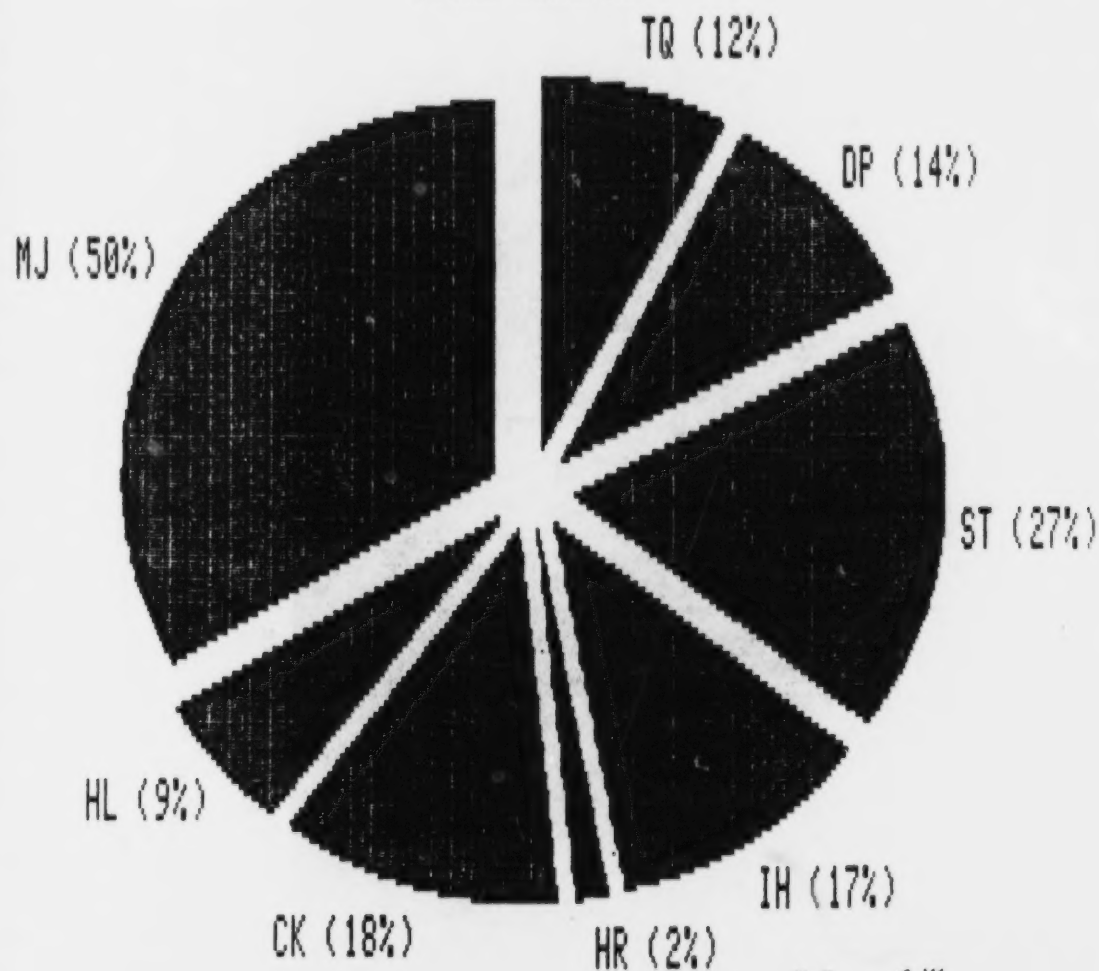
The major findings of the study are summarized in the tables, graphs and figures which follow, and in the summary statements listed below:

- Half the students sampled have reported experiences with one or more illicit mood-altering drugs. A substantial proportion of these experiences involved marijuana. The percentages of students who tried different illicit drugs is illustrated in Figure 1. After marijuana, the other drugs experienced reflect the following order of lifetime prevalence: stimulants, cocaine, inhalants, depressants, tranquilizers, hallucinogens and heroin.
- The level of lifetime experiences with psychoactive drugs among students is high. The extent to which drugs have been tried/taken among Alaska's students is illustrated vividly when the present findings are compared to results of a national survey of drug use among a sample of 12-17 year olds. Although the ages of the two samples are not exactly comparable, the national data nevertheless provides a "baseline" which helps to achieve a perspective on drug use by Alaska's youth. The comparison in Figure 2 shows clearly that Alaskan students are having more experiences with psychoactive drugs than their counterparts in the "lower 48."
- Although many students have tried drugs, the majority of such use has been chiefly experimental. Only a small percent of students have taken drugs with any consistency or regularity. Marijuana, however, is the exception, with about 4% of the sample using it once or more a day.

FIGURE 1

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

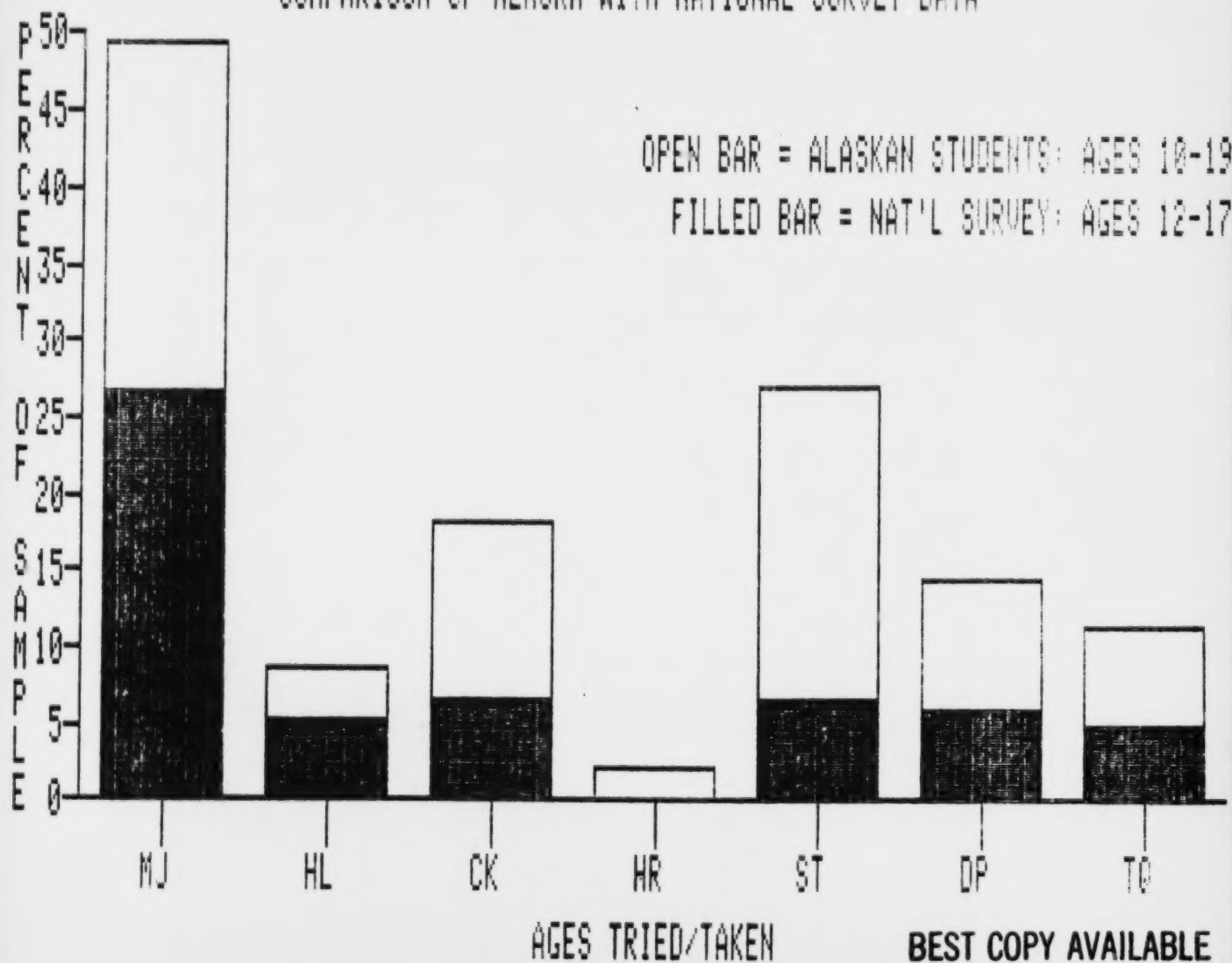
TOTAL SCHOOLS



00 17
BEST COPY AVAILABLE

FIGURE 2

COMPARISON OF ALASKA WITH NATIONAL SURVEY DATA



- 1850

As age increases, the proportion of students who try/take drugs increases correspondingly, but this relationship appears to be non-linear. That is, as age increases, the number of students who try different drugs varies at different age levels, thereby presenting distinct patterns for trying each drug. Figure 3 illustrates this process for the three most widely tried/taken drugs - marijuana, stimulants and cocaine - for all but the Anchorage school sample (where the question of age of first trying each drug was not asked).

A direct, almost linear, relationship exists between grade level and the taking of drugs. As grade level increases, the percent of students who have tried/taken drugs increases correspondingly. The nature of this relationship is illustrated in Figure 4, for the three most tried drugs - marijuana, stimulants and cocaine.

The extent of drug-taking behavior differs significantly between junior high school (grades 7-9) and senior high school (grades 10-12) students. Senior high school students experiment with taking drugs more frequently than junior high school students.

- 10-

FIGURE 3

AGE FIRST TRYING PSYCHOACTIVE DRUGS

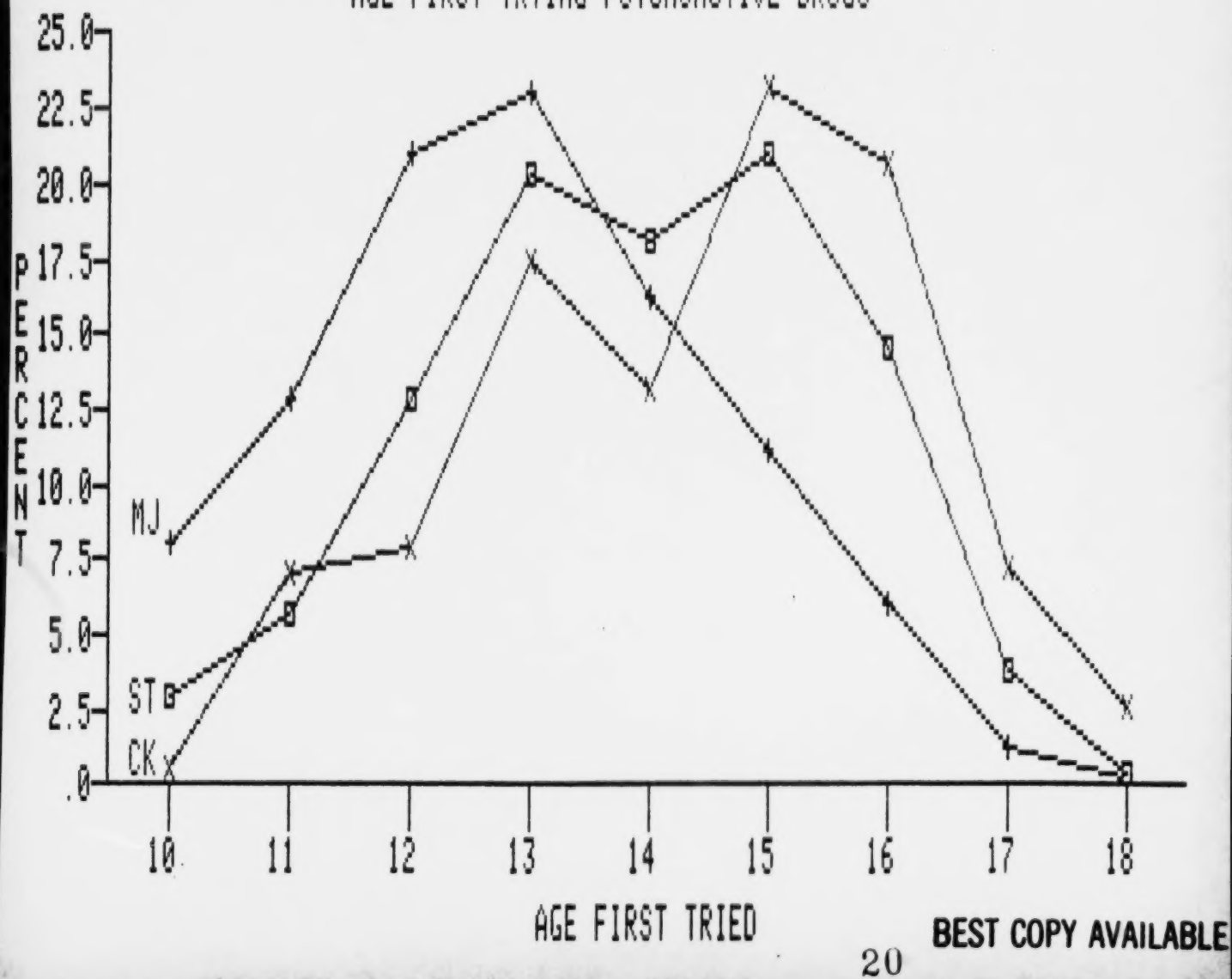
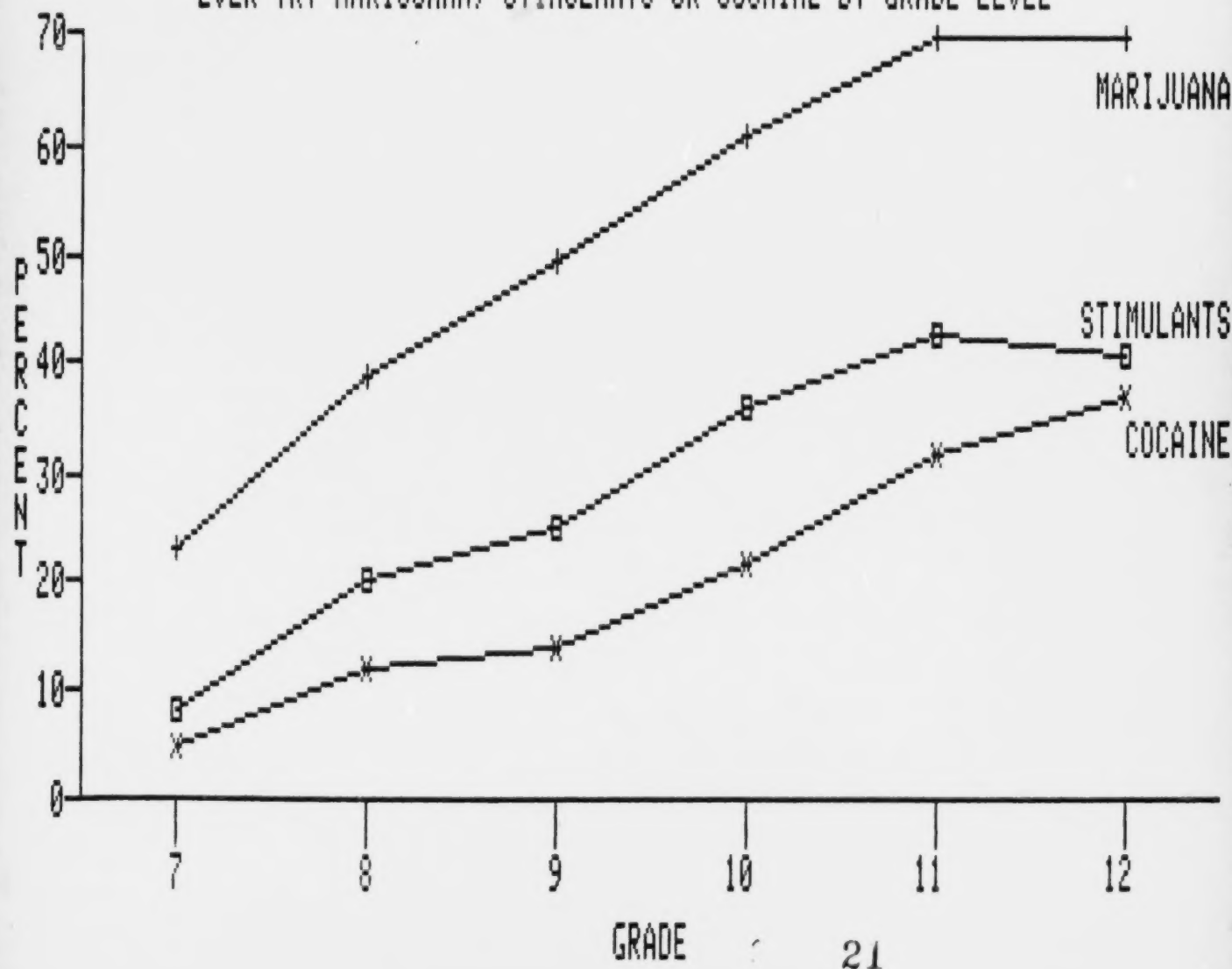


FIGURE 4

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL



- Of those who have tried/taken drugs, the reasons for stopping are also mainly because of concern over psychological and physical harm.
- More students who have tried drugs express a need for drug education than those who did not try drugs.
- Corresponding to the relationship between grade level and drug-taking behavior, problems related to drug-use increase as grade level increases, but there is much variation within and between grade levels.

D. Abstraction of Summary and Conclusions

In reviewing the overall findings from the statewide study, it is readily apparent that the opportunities to try mood-altering drugs are very high, and that the rate of trying drugs is also correspondingly high. Although it is not known whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical that students are taking/trying, the important fact is that students report that they are involved in drug-taking behavior. A question which arises is, Why is the opportunity to try drugs so very high?

The most apparent answer is that the drugs are available for them to try. It is clear the these youth are reflecting what is alleged about drug use in general in Alaska, especially in the larger communities - that it is high. The drugs that are available - albeit illegally - find their way down to adolescents and early teenagers in the school system. Also, a large percent of students are willing to try certain illicit drugs such as marijuana, cocaine and stimulants among those available.

Another questions is, Why do so many students experiment with drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine have become incorporated into

the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. It thus appears that adolescent drug use may be related to the attitudes and behavior found in the larger adult society. Research by Segal (1983), which has shown that experimentation with drugs and even moderate drug taking by a significant percentage of youth is divorced from any particular pattern of deviant behavior or severe emotional distress, tends to support the above conclusion.

The implications from the study are clear. Efforts need to be directed toward reducing the high rate of experimentation with drugs by a large number of students, as well as reducing the on-going usage by the small percentage of students who are involved in such behavior. The data suggest that intervention strategies should be emphasized within grades 8 and 9, or at least prior to age 14, since experiences with drugs tend to peak by 14 years of age.

METHODOLOGY

In past years a few school districts have conducted surveys in an effort to assess the nature and extent of alcohol and drug use among Alaskan students. As helpful as this information has been to individual school districts, it has not been systematic nor provided comparable statewide data. This project is an effort to establish baseline information on patterns of drug use, motivations for use or nonuse, and the extent and nature of that use.

A. Research Design and Procedures

The best method of obtaining statewide information on drug use among school age youth would be a survey of all secondary students across the state. However, because of the limitations of time and resources and the relative inaccessibility of many areas in the state, not all students could be included in the survey. It was decided that schools located in the regional centers and urban areas of the state would provide a representative sample, therefore, Anchorage, Bethel, Barrow, Kotzebue, Nome, Juneau, Fairbanks and Sitka were selected for the following reasons:

1. Geographically the cities are located as to provide information from different areas of the state;
2. Approximately 65% of the school age population resides within the boundaries of the eight selected cities; and
3. The cities are equally divided between rural and urban settings.

Because of the unique nature of each school district selected for the survey, the procedures used to collect the data differed slightly among school districts. The procedures specific to each district are described within each school summary in the School Supplemental Report.

In general, school personnel and School Board members were involved in the research process from the beginning of the project. Presentations regarding the project were made to the Board members and school personnel. Also, draft copies of the survey instrument, were submitted for suggestions regarding format and content. Approval of the survey had to be obtained from each School Board before the schools could participate.

The notification and involvement of parents was orchestrated according to the policies of each school district and was conducted by the individual districts. Some districts requested signed parental permission slips; others relied on disseminating information about the survey to encourage voluntary participation. The method by which the notification of parents was handled in each district directly affected the type of sample selected. The methodological implications of the sampling procedures will be discussed later.

The questionnaires were administered during school hours in the schools by classroom teachers and research team members. Most of the surveying took place between November, 1982 and March, 1983. An exception was the Anchorage School District, where the survey was administered in May of 1982 by school personnel and the results were given to CAAS for inclusion in the survey.

B. The Survey Instrument

Data regarding drug-taking behavior was obtained by means of self-administered questionnaires (see Appendix I for a copy of the instrument). Although each school district was encouraged to make suggestions regarding the survey instrument, very few recommended changes or inclusions beyond the suggested draft. The greatest difference exists between the Anchorage questionnaire and all of the other surveyed schools. Therefore, the Anchorage survey

instrument is shown separately in the Appendix and a separate report is included for Anchorage (Appendix II). All of the other schools are comparable with only a few noted exceptions (Appendix I).

Questions included in the survey instrument addressed the use and/or nonuse of drugs used for social and/or recreational purposes, specifically: marijuana, hallucinogens, cocaine, heroin, inhalants, stimulants, depressants, tranquilizers, alcohol and tobacco. Reasons for taking/not taking these drugs were explored along with questions as to the frequency of use and the recency of use. Students were also asked about possible consequences of drug-taking experiences. For most of the schools, personality trait questions were included in an effort to explore possible correlates with drug experimentation. The questionnaire was devised to be read either by the student or to be read aloud by a teacher or research team member. It could be taken individually or in a group. The anticipated length of time was approximately 30 minutes, however, provisions were always made for more time when needed.

C. Confidentiality and Anonymity

The purpose of the study was to gain an understanding of drug use in Alaska and not to identify individuals who use drugs. In an effort to acquire the most complete and honest answers from the students, considerable measures were taken to protect confidentiality and anonymity. The students' names were not included in any phase of the research. The only identifying information requested on the questionnaire was age, gender and grade; ethnicity was not requested in accordance with state regulations. The questionnaires were collected immediately upon completion by a member of the research team in an effort to ensure confidentiality within the schools.

D. The Sampling Frame

Sampling procedures for the school survey include more than one type of sample selection. This occurred because each school district had specific policies and procedures for activities involving students during school hours. The following table indicates the number of respondents from each school district, the type of sample and, in the schools with only a portion of the student body involved, the percent of the student population participating.

Table A

Sampling Frame

Number and Percent of Student Sample
and Type of Sample

(N = 3,724)

<u>City</u>	<u>Number of Students</u>	<u>Percent of Total Population</u>	<u>Type of Sample</u>
Anchorage	1588	10.4	Representative Sample
Bethel	79	24.5	Selected Sample
Nome	243	*	Total Population
Fairbanks	421	9.2	Selected Sample
Kotzebue	203	*	Total Population
Sitka	738	**	Total Population
Juneau	298	16.8	Selected Sample
Barrow	154	*	Total Population

*All students, grades 7-12, present on day of survey.

**All students, grades 6-12, present on day of survey.

In Anchorage, the sampling procedure was intended to identify "representative" classes. A more detailed discussion of the Anchorage sampling procedure can be found in Appendix II. Because of the type of sample and questionnaire used for the Anchorage schools, a special report on the Anchorage school findings is presented in Appendix II, the findings are also reported as part of the total results in Chapter III of this document.

In Bethel, Fairbanks and Juneau the sample size and composition was dictated by the type of parental permission procedures required by those school districts. Permission slips were carried home by students to gain parental signatures; therefore, only those returning signed permission slips participated in the survey. Since the sample is "self-selected" by virtue of this procedure, the results of this part of the study are shown separately. Statistically, generalizations should not be made about other Bethel, Fairbanks and/or Juneau students from the results of the self-selected group.

The most complete information comes from Kotzebue, Nome, Sitka and Barrow where all 7-12th grade students present on the designated survey day voluntarily participated in the study. Findings from these four school districts are presented together in table form because of their common methodological base.

E. The Sample

In an effort to ensure anonymity, only grade, gender and age were asked of the students. The table below shows the number of students surveyed in each school district by grade.

Table B
Number of Students*
by Grade
(N = 3520)

<u>City</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>Total</u>
Anchorage	297	307	260	328	257	130	1579
Bethel	12	18	10	9	17	11	77
Nome	39	30	48	42	39	20	218
Fairbanks	83	113	69	62	56	23	406
Kotzebue	37	19	43	31	35	35	200
Sitka	99	118	102	121	88	74	602
Juneau	67	60	47	29	50	34	287
Barrow	31	20	24	36	22	18	151
TOTAL	665	685	603	658	564	345	3520

*90 students did not indicate grade level and 114 Sitka, 6th grade students are not included.

For the total group of students in the survey, there are 1770 males and 1732 females (107 students did not indicate gender). The age range is 11-19 years, distributed as shown in Table C.

Table C
Number and Percent of Students
by Age
(N = 3609)

<u>Age</u>	<u>Number of Students</u>	<u>Percent of Total Sample</u>
11	2	0.1
12	202	5.6
13	633	17.5
14	623	17.3
15	611	16.9
16	610	16.9
17	482	13.4
18	254	7.0
19	16	0.4
Undeclared	176	4.9

Descriptions of the individual school samples will be included with each school summary in the Supplemental School Report. The present document concentrates on the findings of the combined schools (total sample), as well as schools separated according to sampling procedures, urban and rural designations, and by region. The Total Sample section depicts the results based on the responses of 3609 secondary school students. Overall, the sample size provides a large base for obtaining reliable information regarding drug-taking behavior in Alaska.

III

RESULTS

Overview

This section provides the report of the results of the school surveys with respect to nonmedical drug-taking behavior by students in eight different locations within the state in grades 7 through 12. Also included is data on alcohol consumption and cigarette smoking.

Information compiled from surveying over 3,000 students, utilizing a comprehensive questionnaire, can be very extensive. There are a multitude of different ways of reporting results, some may have either special or unique significance, and some may be too general to be of value. It was therefore necessary to place some limitations on the reporting of the survey findings with the aim of presenting data which would be best utilized by the schools, by the State Office of Alcoholism and Drug Abuse (SOADA), by health planners, and by governmental bodies. Thus, the primary emphasis of this section, in keeping with the study's research objectives, is to present information which describes the extent, type, patterns, frequency, and distribution of nonmedical drug use among a large sample of Alaska's junior and senior high school students. Additionally, the results also describe age and grade differences with respect to drug-taking behavior, as well as data on some of the motivations for trying or not trying drugs, and on some consequences of drug-taking.

The data to be reported are presented in tabular and graphic form. They illustrate the prevalence and frequency of drug use for eight major drug categories (marijuana, inhalants, hallucinogens, cocaine, heroin, stimulants, sedatives, and tranquilizers) listed by frequency of occurrence, by gender, and by

selected school-related characteristics such as grade and comparison of junior and senior high school. A table and graph illustrating the relationship between age and first experience with drugs is also included.

Contingency tables have been utilized to help describe the results. This procedure is a way of showing the relationship between two or more classificatory variables. The display of the distribution of cases by their positions on two or more variables is the chief component of contingency table analysis and is a commonly accepted and popular procedure used by social scientists. The joint frequency distributions can be systematically analyzed by certain tests of significance (e.g., the Chi Square statistic) to determine whether or not the variables are statistically independent; these distributions can also be summarized by a number of measures of association, such as the contingency coefficient, which describes the degree to which the values of one variable predict or vary with those of another.

Contingency tables or cross-tabulation tables also allow for a determination of whether the differences which occur with respect to selected variables (e.g., specific sample characteristics such as selected demographic variables) are significantly different.

Finally, the surveys from the eight school districts have been grouped together to form five sets of results. This procedure was followed for two basic reasons: (a) to account for the procedural differences which necessitated using revised forms of the school survey in different school districts, and (b) to facilitate regional comparisons. The classification of results is as follows:

1. Total Sample (Tables T-1 - T-14)

This section links together all similar items which were used in Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome and Sitka. It provides a

comprehensive summary of the responses of 3,609 students, giving an extensive overview of the nature and pattern of drug use by students in grades 7-12. The remaining four sets of tables represent subsets of the total results and, except for items not in the total sample, they essentially mirror the total findings, with some minor fluctuations.

2. Total Less Anchorage (Tables A-1 - A-14)

This data set contains the aggregated results from all the communities less Anchorage. Thus, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome, and Sitka are represented. Since the Anchorage sample constitutes such a large percent of the total (44%), and since Anchorage is the state's largest school district it was decided to compare the aggregated data from all other locations with the Anchorage sample.

3. Anchorage, Barrow, Kotzebue, Nome, and Sitka (Tables A1-1 - A1-13)

The results were aggregated because they were obtained from a total school district or were obtained from a random survey of students representative of the district. These compiled results not only link the findings from different sections of the state, but they are also used to contrast with schools where nonrandom samples were obtained.

4. Bethel, Fairbanks, and Juneau (Tables A2-1 - A2-13)

This aggregation represents those school districts in which a nonrandom sample was obtained. These districts required parental permission and only students with such authorization were surveyed.

5. Barrow, Kotzebue, and Nome (Tables A3-1 - A3-13)

This aggregated unit links the three northern communities into a single data set, and also provides a means of maintaining the anonymity of each location.

In summary, the five sets of results share several critical characteristics which contribute to the integration of findings, and which also contribute to their utility to estimate drug use among the general population of school age youth in Alaska:

- Data collection from students in grades 7-12, which includes those in age from 12 to 18;
- Adequate and consistent sampling methodology;
- comparability of drugs investigated;
- comparability of question formats; and
- accessibility of detailed tabular data.

Each of the five data sets are found in the following pages. The next chapter contains a discussion of the results.

TABLE T-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

Total Schools
Students Grades 7-12
(N = 3609)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	<u>Number of Students Having a Chance to Try a Drug</u>	<u>Percent of All Students Having a Chance to Try a Drug</u>	<u>Number of Students Reporting Having Tried a Drug</u>	<u>Percent of Students who Had a Chance to Try and Did Try a Drug</u>	<u>Percent of All Students Trying a Drug</u>
Marijuana	2384	66.1	1784	74.8	49.5
Hallucinogens	653	18.1	314	48.1	8.7
Cocaine	1046	29.0	662	63.3	18.3
Heroin	261	7.2	78	29.9	2.2
Inhalants	968	26.8	595	61.5	16.5
Stimulants	1288	35.7	982	76.2	27.2
Depressants	725	20.1	516	71.2	14.3
Tranquilizers	573	15.9	416	72.6	11.5

TABLE T-3

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Total Schools
Students Grades 7-12
(N = 3609)

Drug	Percent of Sample Responding	Not Taken	Frequency*						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	88.0	46.6	19.0	7.1	4.0	6.0	2.6	2.8	41.5
Hallucinogens	82.0	75.5	4.9	0.7	0.2	0.2	0.2	0.0	6.4
Cocaine	83.0	67.7	11.0	2.5	0.6	0.7	0.3	0.4	15.5
Heroin	81.9	79.4	1.7	0.2	0.1	0.1	0.1	0.3	2.5
Inhalants	82.6	72.2	7.4	1.4	0.5	0.4	0.4	0.4	10.5
Stimulants	83.1	62.1	112.2	4.0	1.7	1.3	0.8	0.9	20.9
Depressants	82.2	70.9	7.3	2.1	0.6	0.6	0.2	0.5	11.3
Tranquilizers	81.7	72.3	6.5	1.4	0.6	0.3	0.2	0.4	9.4

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE T-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Total Schools
Students Grades 7-12
(N = 3609)

<u>Drugs</u>	<u>Males</u> (N=1770)			<u>Females</u> (N=1732)		
	<u>1</u> Number Having Tried	<u>2</u> Percent of Males who Tried a Drug	<u>3</u> Percent of All Students who Tried Drug	<u>1</u> Number Having Tried	<u>2</u> Percent of Females who Tried a Drug	<u>3</u> Percent of All Students who Tried Drug
Marijuana	904	51.1	51.9	837	48.3	48.1
Hallucinogens	185	10.5	60.5	121	87.0	39.5
Cocaine	351	19.8	54.4	294	17.0	45.6
Heroin	57	3.2	73.1	21	1.2	26.9
Inhalants	317	17.9	54.7	262	15.1	45.3
Stimulants	466	26.3	46.8	489	28.2	49.1
Depressants	272	15.4	53.5	236	13.6	46.5
Tranquilizers	219	12.4	53.8	188	10.9	46.2

*107 students did not report gender.

TABLE T-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School ComparisonsTotal Schools
Students Grades 7-12
(N = 3609)*

Drugs	F***	Junior High School** Grades 7-9 (N=1950)			F***	Senior High School** Grades 10-12 (N=1567)		
		<u>1</u>	<u>2</u>	<u>3</u>		<u>1</u>	<u>2</u>	<u>3</u>
		Percent of Jr. H. S. Students who Ever Tried (N=479)	Percent of All Students who Have Tried each Drug	Percent of Total Sample (N=798)		Percent of Sr. H. S. Students who Ever Tried (N=291)	Percent of All Students who Have Tried each Drug	Percent of Total Sample (N=798)
Marijuana	716	36.7	40.9	19.8	1033	65.9	59.1	28.6
Hallucinogens	105	5.4	34.1	2.9	203	13.0	65.9	5.6
Cocaine	199	10.2	30.7	5.5	450	28.7	69.3	12.5
Heroin	32	1.6	41.0	0.9	46	2.9	59.0	1.3
Inhalants	290	14.8	50.0	8.0	290	18.5	50.0	8.0
Stimulants	343	17.6	35.7	9.5	618	39.4	64.3	17.1
Depressants	207	10.6	40.5	5.7	304	19.4	59.5	8.4
Tranquilizers	151	7.7	37.1	4.2	256	16.3	62.9	7.1

*89 students did not report grade level.

**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students reported having tried each drug.

FIGURE T-5

PERCENT OF JR. AND SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

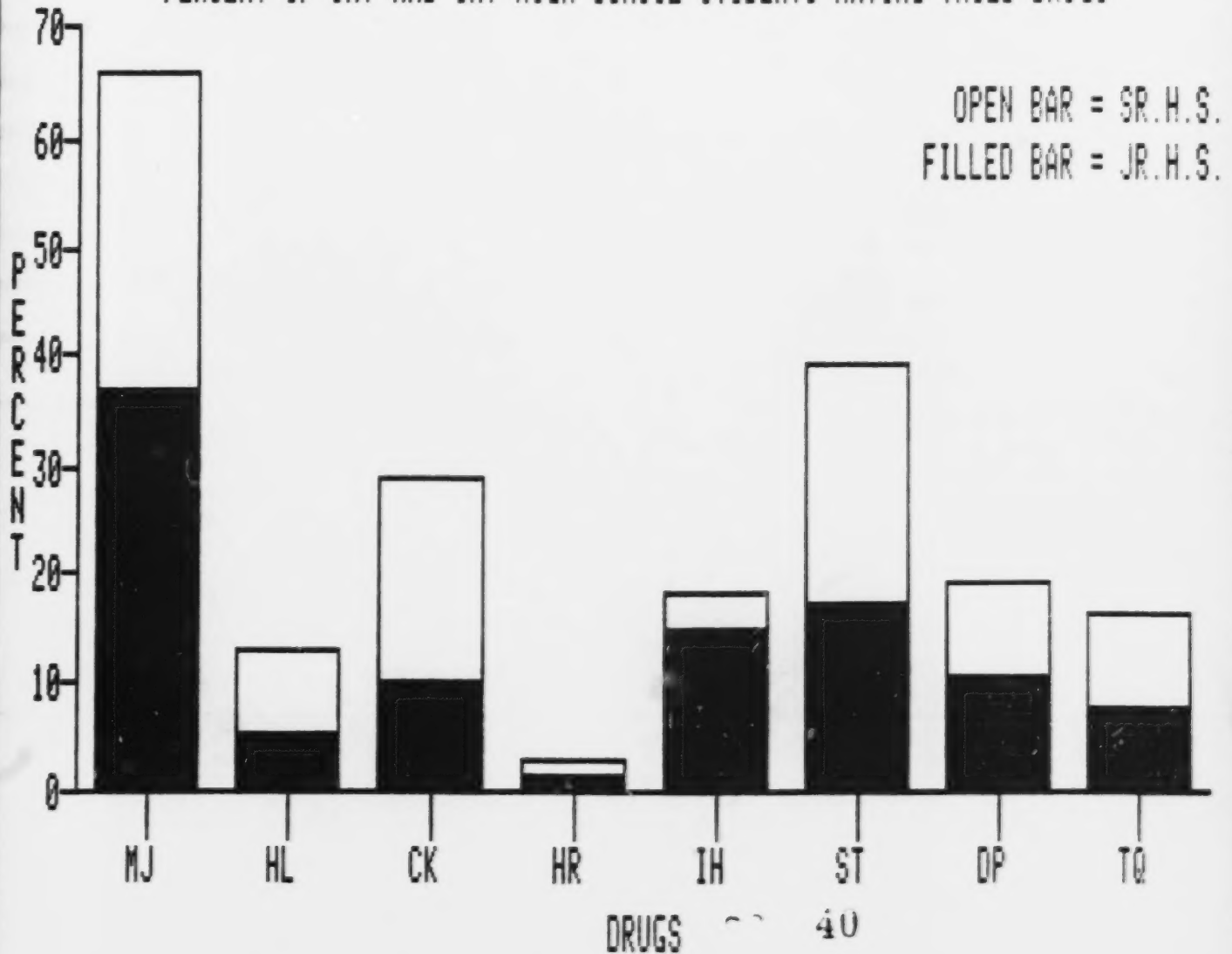


TABLE T-6A

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Total Schools
Junior H. S.*
(N = 1953)

Drug	Percent of Jr. H. S. Students Responding	Not Tried	Percent of Jr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Jr. H. S. Students who Have Taken Once a Week or More
Marijuana	86.4	63.6	24.5	11.9
Hallucinogens	80.9	94.8	4.5	0.7
Cocaine	81.9	88.0	10.6	1.4
Heroin	80.8	97.3	2.0	0.4
Inhalants	82.0	86.9	11.0	2.1
Stimulants	82.0	82.9	13.6	3.5
Depressants	81.4	89.3	8.9	1.8
Tranquilizers	80.5	91.7	6.9	1.4

*304 students did not report grade level.

TABLE T-6B

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Total Schools
Senior H. S.*
(N = 1567)

Drug	Percent of Sr. H. S. Students Responding	Not Tried	Percent of Sr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Sr. H. S. Students who Have Taken Once a Week or More
Marijuana	90.8	39.9	35.9	24.2
Hallucinogens	84.1	88.7	9.9	1.4
Cocaine	85.3	73.4	23.1	3.5
Heroin	83.9	96.6	2.3	1.1
Inhalants	84.1	88.2	9.9	1.8
Stimulants	85.3	64.7	26.8	8.5
Depressants	84.1	82.3	14.8	2.9
Tranquilizers	83.9	84.6	12.7	2.7

*304 students did not report grade level.

TABLE T-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a Drug

Total Schools
Students Grades 7-12
(N = 3609)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
	<u>(N=665)</u>	<u>(N=685)</u>	<u>(N=603)</u>	<u>(N=658)</u>	<u>(N=564)</u>	<u>(N=345)</u>
Marijuana	23.3	38.7	49.1	60.6	69.9	69.6
Hallucinogens	2.9	5.5	8.0	10.9	13.8	15.4
Cocaine	4.8	12.1	13.9	21.9	31.6	37.1
Heroin	0.9	1.8	2.3	2.6	4.4	1.2
Inhalants	12.0	18.0	14.4	18.8	18.8	17.4
Stimulants	8.1	20.0	25.2	36.0	42.6	40.9
Depressants	6.2	12.4	13.4	18.7	21.1	18.0
Tranquilizers	3.8	9.6	10.0	15.7	18.3	14.5

*304 students did not report grade levels.

FIGURE T-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

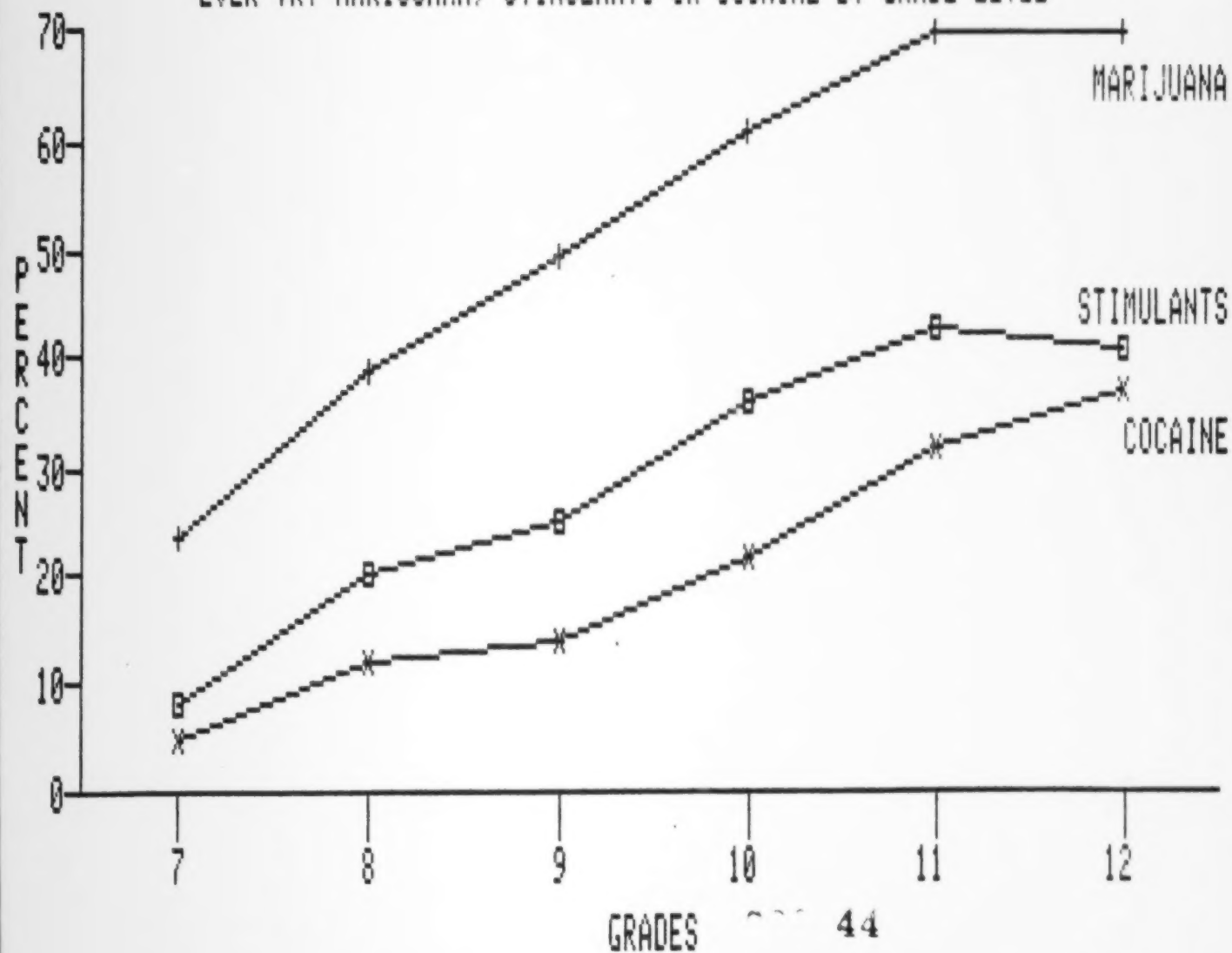


TABLE T-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Total Schools
 Students Grades 7-12
 (N = 3609)

<u>Reasons Given:</u>	<u>For Not Trying Drugs</u>	<u>For Having Stopped Experimenting with Drugs</u>
Total Number of Students Responding	Percent of Respondents Not Trying for each Reason	Percent of Respondents who Tried and Stopped for each Reason
1. May hurt my body. 2779	18.3	41.9
2. May hurt my mind. 2780	15.8	44.6
3. May cause addiction. 2744	20.6	40.0
4. Friends disapprove. 1675	37.4	17.9

TABLE T-9
DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Total Schools
Students Grades 7-12
(N = 3609)

<u>Drug</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	72.2	28.6	18.3	34.2	18.9
Hallucinogens	45.2	7.9	38.0	9.9	44.2
Cocaine	50.5	13.5	31.8	20.1	34.6
Heroin	37.7	2.1	42.5	3.0	52.4
Inhalants	47.7	15.4	31.5	16.2	36.9
Stimulants	54.5	20.5	26.0	25.1	28.4
Depressants	42.9	13.0	32.0	17.2	37.8
Tranquilizers	40.2	10.8	33.9	16.0	39.3

TABLE T-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Total Schools
Students Grades 7-12
(N = 3080)

Percent of Students who*

Students who:	Expressed a need for drug education	Expressed no need for drug education	Total
Have Tried Drugs	43.2	12.8	56.0
Have Not Tried Drugs	37.1	6.9	44.0
Total	80.3	19.7	100.0

*The differences between classifications are not statistically significant:
 $\chi^2 = 14.1$, d.f. = 1, $p < .001$.

TABLE T-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Total Schools
By Grade Levels
(N = 3609)

Statement	Grades*						Total
	7	8	9	10	11	12	
1. I have missed school because of drug use.	2.1	5.8	8.2	11.7	14.8	17.3	9.2
2. I have had problems in school because of drug use.	4.3	5.6	8.5	11.1	11.4	12.9	8.6
3. I have had problems outside of school because of drug use.	6.3	10.0	11.6	16.0	15.8	15.0	12.1

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

TABLE T-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Total Schools
Students Grades 7-12

Drug	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	49.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983.

FIGURE T-12

COMPARISON OF ALASKA AND NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

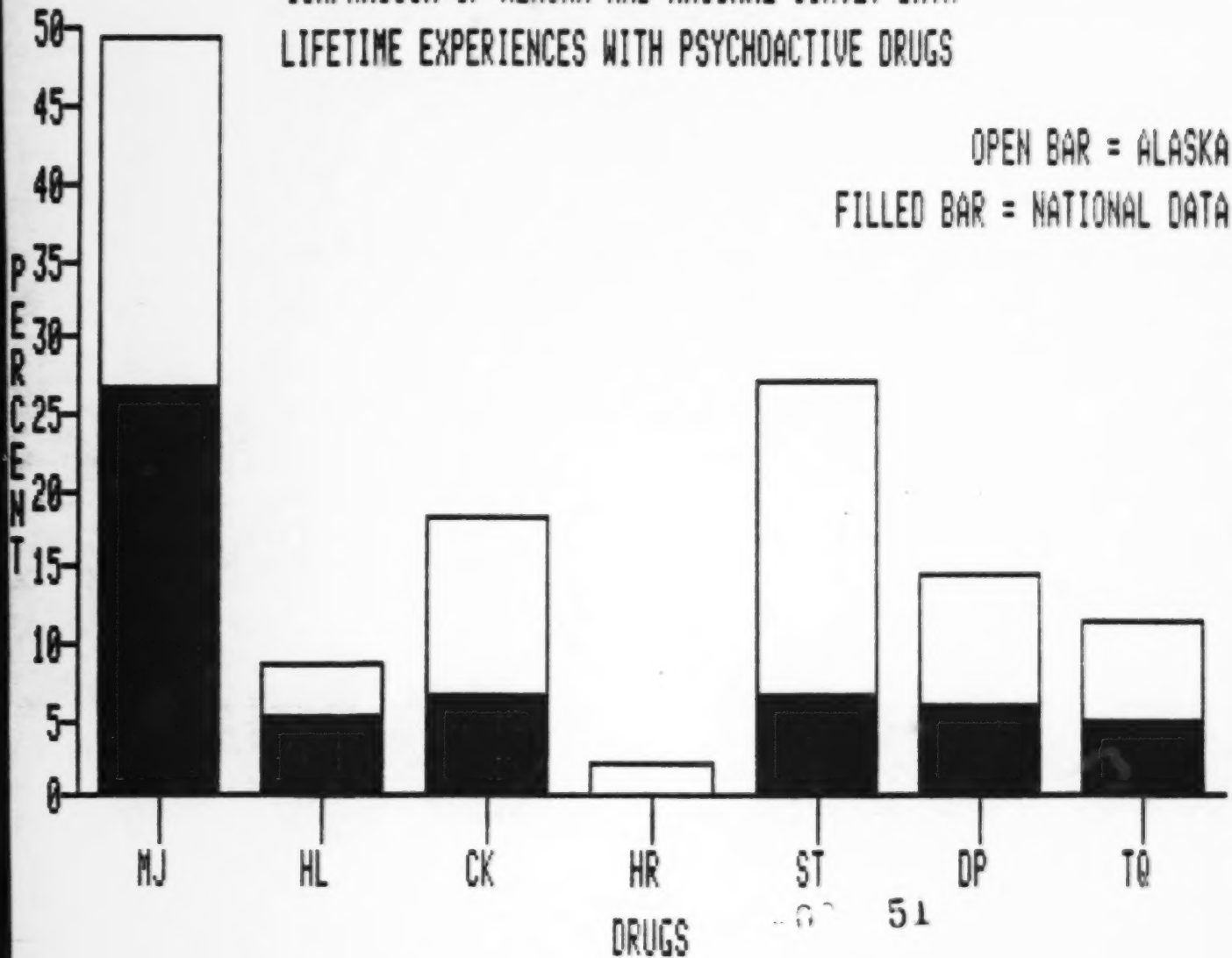


TABLE T-13
COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Total Schools
Students Grades 7-12

<u>Drug</u>	<u>Total Sample (N=345)</u>	<u>Anchorage Sitka Nome Barrow Kotzebue (N=277)</u>	<u>Total Sample Less Anchorage (N=215)</u>	<u>Bethel Juneau Fairbanks (N=68)</u>	<u>Barrow Kotzebue Nome (N=73)</u>	<u>Anchorage (N=123)</u>	<u>1982* National Survey of 12-17 Yr. Olds (N=17500)</u>
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

TABLE A-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

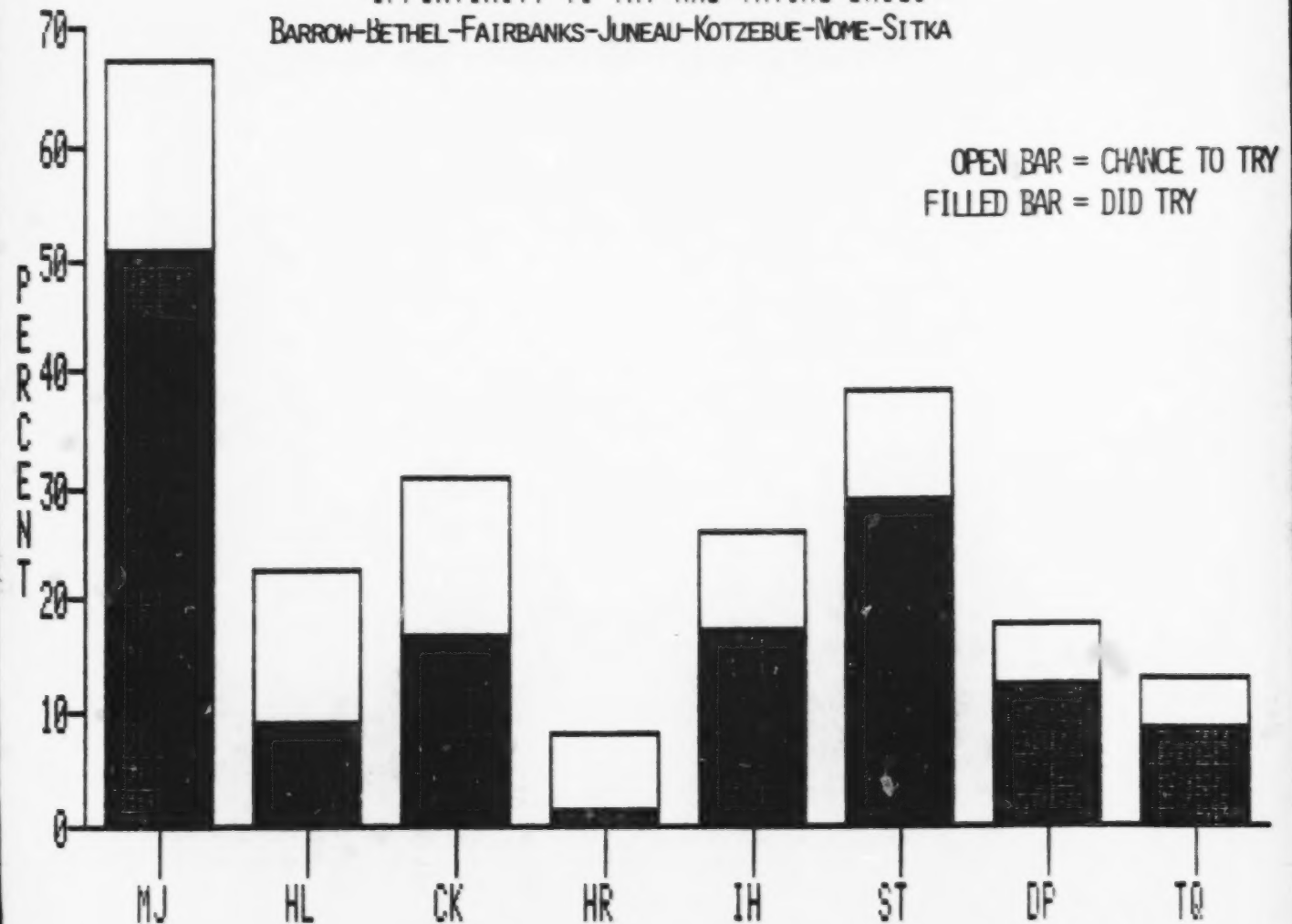
Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	<u>Number of Students Having a Chance to Try a Drug</u>	<u>Percent of All Students Having a Chance to Try a Drug</u>	<u>Number of Students Reporting Having Tried a Drug</u>	<u>Percent of Students who Had a Chance to Try and Did Try a Drug</u>	<u>Percent of All Students Trying a Drug</u>
Marijuana	1359	67.2	1027	75.6	50.8
Hallucinogens	459	22.7	190	41.4	9.4
Cocaine	618	30.6	343	55.5	17.0
Heroin	171	8.5	36	21.1	1.8
Inhalants	528	26.1	349	66.1	17.3
Stimulants	770	38.1	577	74.9	28.6
Depressants	359	17.8	252	70.2	12.5
Tranquilizers	260	12.9	180	69.2	8.9

FIGURE A-1

OPPORTUNITY TO TRY AND TRYING DRUGS

BARROW-BETHEL-FAIRBANKS-JUNEAU-KOTZEBUE-NOME-SITKA



DRUGS

TABLE A-2

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
 Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
 Students Grades 7-12
 (N = 2021)

<u>Drug</u>	<u>Number of Students Reporting Trying</u>	<u>Lower* Limit</u>	<u>Percent of Sample who Ever Tried</u>	<u>Upper* Limit</u>	<u>Percent of Sample who Tried Within Past Year</u>
Marijuana	1027	48.1	<u>50.8</u>	53.5	41.4
Hallucinogens	190	7.9	<u>9.4</u>	11.2	6.0
Cocaine	343	15.0	<u>17.0</u>	19.0	12.9
Heroin	36	1.2	<u>1.8</u>	2.8	1.8
Inhalants	349	15.3	<u>17.3</u>	19.3	9.3
Stimulants	577	26.2	<u>28.6</u>	31.2	19.8
Depressants	252	14.1	<u>12.5</u>	14.4	8.9
Tranquilizers	180	7.5	<u>8.9</u>	10.6	7.0
Alcohol	1330	62.5	<u>65.8</u>	68.3	-
Tobacco	1029	48.0	<u>50.9</u>	53.4	-

*Confidence Limits

TABLE A-3A

INCIDENCE OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

<u>Drug</u>	<u>Percent of Sample Responding</u>	<u>Not Tried</u>	<u>Incidence*</u>						<u>Total Once or More</u>
			<u>1-2 Times</u>	<u>3-5 Times</u>	<u>6-9 Times</u>	<u>10-19 Times</u>	<u>20-39 Times</u>	<u>40+ Times</u>	
Marijuana	86.7	38.7	15.6	8.1	5.7	7.4	5.1	13.5	55.4
Hallucinogens	83.1	76.0	4.3	1.7	1.0	0.6	0.7	0.3	8.6
Cocaine	83.2	67.8	10.1	3.1	1.8	1.7	0.8	1.1	18.6
Heroin	82.4	80.8	1.4	0.2	0.2	0.1	0.0	0.1	2.0
Inhalants	83.7	69.9	9.8	2.8	1.3	0.9	0.8	0.9	16.5
Stimulants	83.8	59.7	12.0	6.0	2.9	3.0	2.1	2.9	28.9
Depressants	83.0	65.9	7.0	2.4	1.2	1.2	0.8	0.6	13.2
Tranquilizers	82.9	74.3	5.0	2.0	1.1	1.0	0.5	0.8	10.4

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A-3B

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

Drug	Percent of Sample Responding	Not Taken	Frequency*						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	85.4	44.0	18.7	7.1	4.0	6.0	2.5	3.1	41.4
Hallucinogens	80.6	74.6	4.7	0.6	0.3	0.3	0.0	0.1	6.0
Cocaine	80.9	68.0	9.6	1.9	0.6	0.5	0.1	0.2	12.9
Heroin	80.5	78.7	1.4	0.2	0.0	0.0	0.0	0.0	2.6
Inhalants	81.0	71.7	6.1	1.6	0.5	0.3	0.4	0.2	9.3
Stimulants	81.0	61.2	11.8	3.9	1.6	1.1	0.9	0.6	19.8
Depressants	80.5	71.6	6.0	1.5	0.4	0.4	0.2	0.3	8.9
Tranquilizers	80.2	73.2	4.8	1.0	0.3	0.4	0.3	0.1	7.0

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

	Males (N=946)			Females (N=984)		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>Drugs</u>	<u>Number Having Tried</u>	<u>Percent of Males who Tried a Drug</u>	<u>Percent of All Students who Tried Drug</u>	<u>Number Having Tried</u>	<u>Percent of Females who Tried a Drug</u>	<u>Percent of All Students who Tried Drug</u>
Marijuana	496	52.4	50.1	495	50.3	48.1
Hallucinogens	105	11.1	57.4	78	7.9	42.6
Cocaine	173	18.3	52.9	154	15.7	47.1
Heroin	24	2.5	66.7	12	1.2	33.3
Inhalants	172	18.2	51.5	162	16.5	48.5
Stimulants	261	27.6	47.1	293	29.8	52.9
Depressants	122	12.9	50.0	122	12.4	50.0
Tranquilizers	89	9.4	51.1	85	8.6	48.9

*91 students did not report gender.

TABLE A-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School Comparisons

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)*

Drugs	F***	Junior High School** Grades 7-9 (N=1089)			F***	Senior High School** Grades 10-12 (N=852)		
		<u>1</u>	<u>2</u>	<u>3</u>		<u>1</u>	<u>2</u>	<u>3</u>
		Percent of Jr. H. S. Students who Ever Tried (N=1089)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=2021)		Percent of Sr. H. S. Students who Ever Tried (N=852)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=2021)
Marijuana	409	39.0	40.1	20.2	587	68.9	58.9	29.0
Hallucinogens	68	6.2	37.0	3.4	116	13.6	63.0	5.7
Cocaine	97	8.9	29.3	4.8	234	27.5	70.7	11.6
Heroin	18	1.7	50.0	0.9	18	2.1	50.0	0.9
Inhalants	178	16.3	53.3	8.8	156	18.3	46.7	7.7
Stimulants	191	17.5	34.2	9.5	367	43.1	65.8	18.2
Depressants	107	9.8	43.3	5.3	140	16.4	56.7	6.9
Tranquilizers	68	6.2	39.3	3.4	105	12.3	60.7	5.2

*80 Students did not report grade level.

60**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students reported having tried each drug.

FIGURE A-5

PERCENT OF JR. AND SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

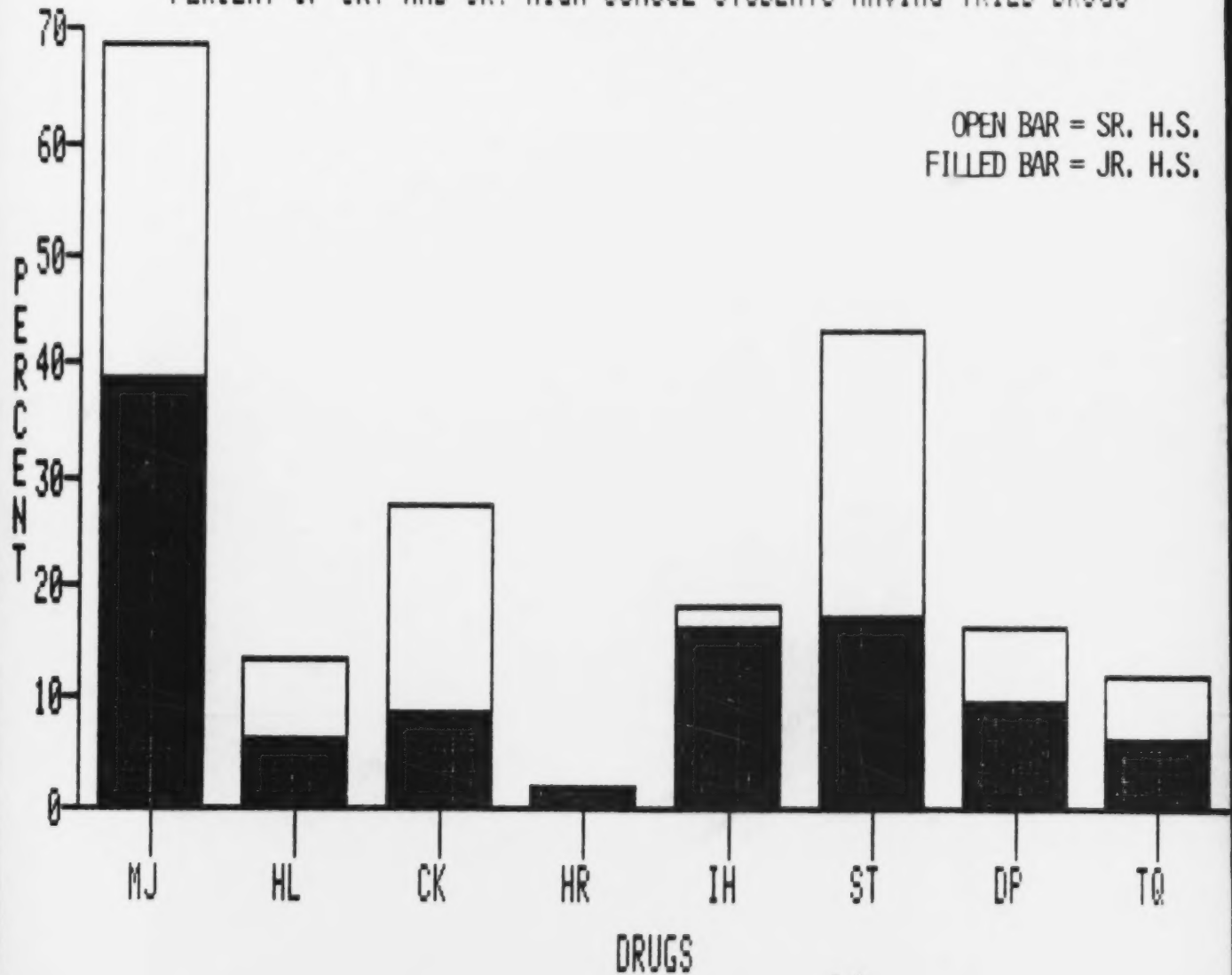


TABLE A-6A

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Junior High School*
(N = 1089)

Drug	Percent of Jr. H. S. Students Responding	No Experience	Percent of Jr. H. S. Students who Have Tried 1-5 Times	Percent of Jr. H. S. Students who Have Tried 6 or more Times
Marijuana	83.4	53.4	20.8	9.3
Hallucinogens	78.6	74.8	3.3	0.5
Cocaine	79.0	70.7	7.3	0.9
Heroin	78.6	77.0	1.6	<.1
Inhalants	79.4	69.4	8.4	1.7
Stimulants	79.2	67.3	9.9	2.0
Depressants	78.7	71.9	6.0	0.8
Tranquilizers	78.2	73.5	3.9	0.9

*80 students did not report grade level.

TABLE A-6B

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Senior High School*
(N = 852)

Drug	Percent of Sr. H. S. Students Responding	No Experience	Percent of Sr. H. S. Students who Have Tried 1-5 Times	Percent of Sr. H. S. Students who Have Tried 6 or more Times
Marijuana	89.0	32.0	33.0	23.9
Hallucinogens	84.0	75.1	8.1	0.8
Cocaine	84.3	65.0	17.1	2.1
Heroin	83.9	82.2	1.5	0.2
Inhalants	84.2	76.2	6.6	1.4
Stimulants	84.5	53.9	23.4	7.3
Depressants	83.9	72.3	9.9	1.8
Tranquilizers	83.9	74.2	8.1	1.6

*80 students did not report grade level.

TABLE A-6C

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Junior High School*
(N = 1089)

Drug	Percent of Jr. H. S. Students Responding	Not Tried	Percent of Jr. H. S. Students who Have Tried Up to 3 Times a month	Percent of Jr. H. S. Students who Have Taken Once a Week or more
Marijuana	88.5	50.8	19.5	18.3
Hallucinogens	85.3	80.4	3.5	1.2
Cocaine	85.0	75.8	6.9	2.4
Heroin	84.7	82.7	1.7	0.3
Inhalants	86.5	71.3	11.1	4.1
Stimulants	85.6	70.2	11.3	4.1
Depressants	84.9	76.9	5.9	2.2
Tranquilizers	84.6	78.7	3.9	1.9

*80 students did not report grade level.

TABLE A-6D

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Senior High School*
(N = 852)

Drug	Percent of Sr. H. S. Students Responding	Not Tried	Percent of Sr. H. S. Students who Have Tried Up to 3 Times a month	Percent of Sr. H. S. Students who Have Taken Once a Week or more
Marijuana	95.6	27.9	24.6	43.2
Hallucinogens	91.0	79.9	7.5	3.6
Cocaine	91.5	66.1	17.7	7.8
Heroin	90.2	88.6	1.2	0.4
Inhalants	90.8	77.1	11.2	2.5
Stimulants	92.4	53.7	21.9	16.7
Depressants	91.2	75.2	0.4	4.7
Tranquillizers	91.4	78.1	9.0	4.4

*80 students did not report grade level.

TABLE A-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a Drug

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u> (N=368)	<u>8</u> (N=378)	<u>9</u> (N=343)	<u>10</u> (N=330)	<u>11</u> (N=307)	<u>12</u> (N=215)
Marijuana	24.5	36.2	53.1	63.3	69.1	77.2
Hallucinogens	4.1	5.3	9.6	10.6	14.0	17.7
Cocaine	4.9	8.5	13.7	20.0	26.7	40.0
Heroin	1.4	1.9	1.7	1.8	2.9	1.4
Inhalants	13.3	17.7	18.1	17.9	17.9	19.5
Stimulants	8.4	16.4	28.6	37.6	45.0	48.8
Depressants	6.8	8.3	13.7	14.2	17.9	17.7
Tranquilizers	3.8	6.3	8.7	10.3	14.3	12.6

*80 students did not report grade levels.

FIGURE A-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

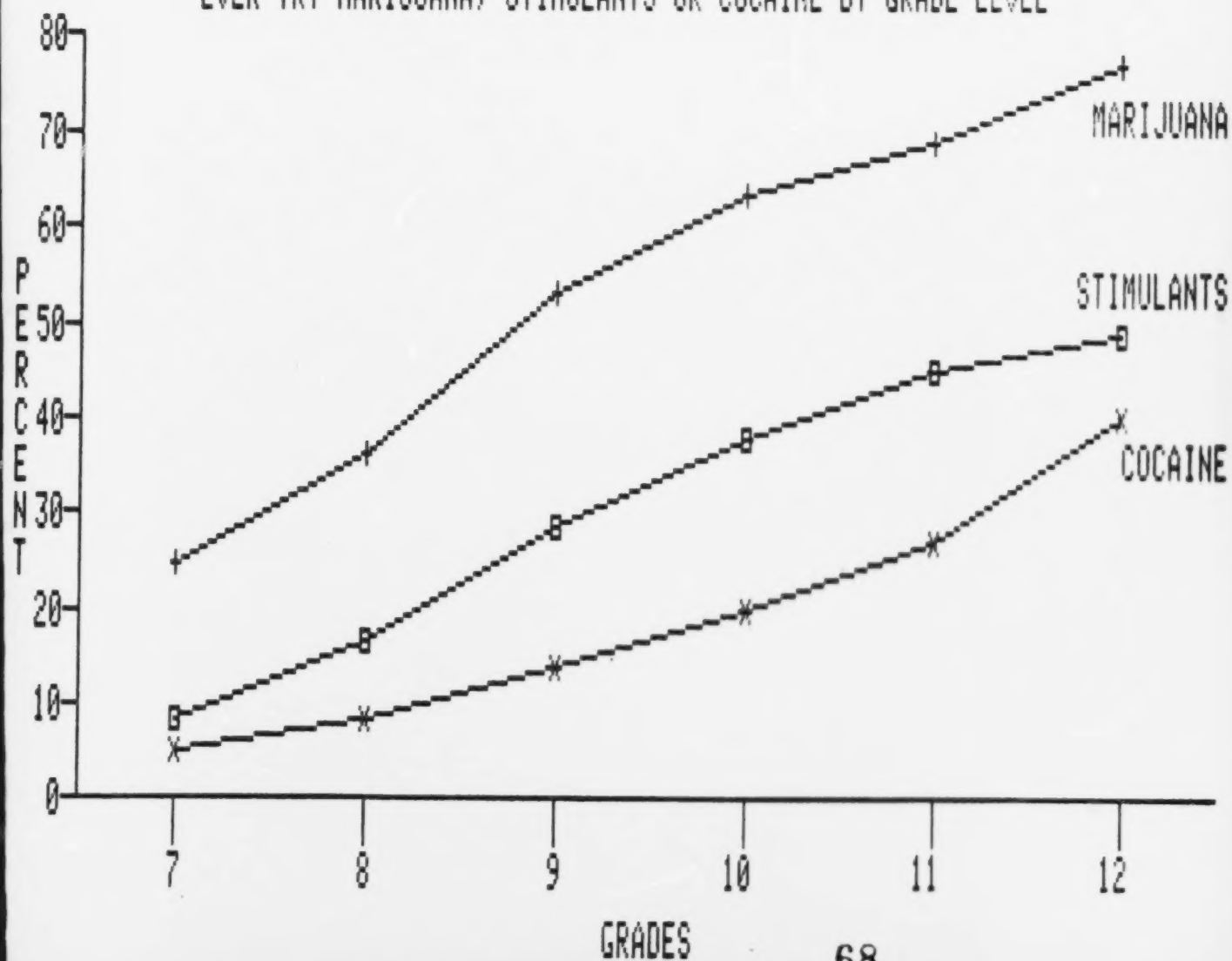


TABLE A-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

<u>Reasons Given:</u>		<u>For Not Trying Drugs</u>	<u>For Having Stopped Experimenting with Drugs</u>
	<u>Total Number of Students Responding</u>	<u>Percent of Respondents Not Trying for each Reason</u>	<u>Percent of Respondents who Tried and Stopped for each Reason</u>
1. May hurt my body.	1721	39.1	34.6
2. May hurt my mind.	1724	41.0	38.8
3. May cause addiction.	1694	38.4	33.6
4. It is illegal.	1700	35.1	26.8
5. Friends disapprove.	1675	24.7	17.9
6. Not important to try/continue.	1691	37.8	31.8
7. Never had the chance.	1638	17.1	-

TABLE A-9

DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Aggregated School Surveys
 Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
 Students Grades 7-12
 (N = 2021)

<u>Drug</u>	<u>Number of Students Responding</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	1242	61.5	37.3	12.8	37.8	12.1
Hallucinogens	417	20.6	20.4	29.5	21.6	28.5
Cocaine	568	28.1	24.6	22.9	31.2	21.3
Heroin	155	7.7	9.7	35.5	11.6	43.2
Inhalants	483	23.9	33.1	19.0	32.9	14.9
Stimulants	705	34.9	36.5	13.9	38.0	11.6
Depressants	324	16.0	34.3	13.0	35.8	17.0
Tranquilizers	235	11.6	32.3	13.6	38.3	15.7

TABLE A-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12

Percent who report that it is*
(N = 1928)

Students who:	Impossible to Try	Difficult to Try	Fairly Easy to Try	Easy to Try	Total*
Have Tried Drugs	5.3	12.1	22.9	17.8	58.1
Have Not Tried Drugs	14.6	14.4	8.8	4.0	41.9
Total	19.9	26.5	31.7	21.9	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 334.5$, d.f. = 3, $p < .001$.

Percent of Students who*
(N = 1710)

Students who:	Expressed a need for drug education	Expressed no need for drug education	Total
Have Tried Drugs	44.6	13.8	58.4
Have Not Tried Drugs	33.6	8.0	41.6
Total	78.2	21.8	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 4.7$, d.f. = 1, $p < .05$.

TABLE A-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Aggregated School Surveys
 Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
 By Grade Levels
 (N = 2021)

Statement	Grades*						
	7	8	9	10	11	12	Total
1. I have missed school because of drug use.	3.6	3.5	8.0	9.9	13.5	16.4	8.4
2. I have had problems in school because of drug use.	5.3	3.2	8.9	10.2	11.5	11.7	8.1
3. I have had problems outside of school because of drug use.	7.6	8.9	12.7	15.7	15.2	16.0	12.3

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

TABLE A-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Aggregated School Surveys
 Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
 Students Grades 7-12

Drug	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	44.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983.

FIGURE A-12

COMPARISON WITH NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

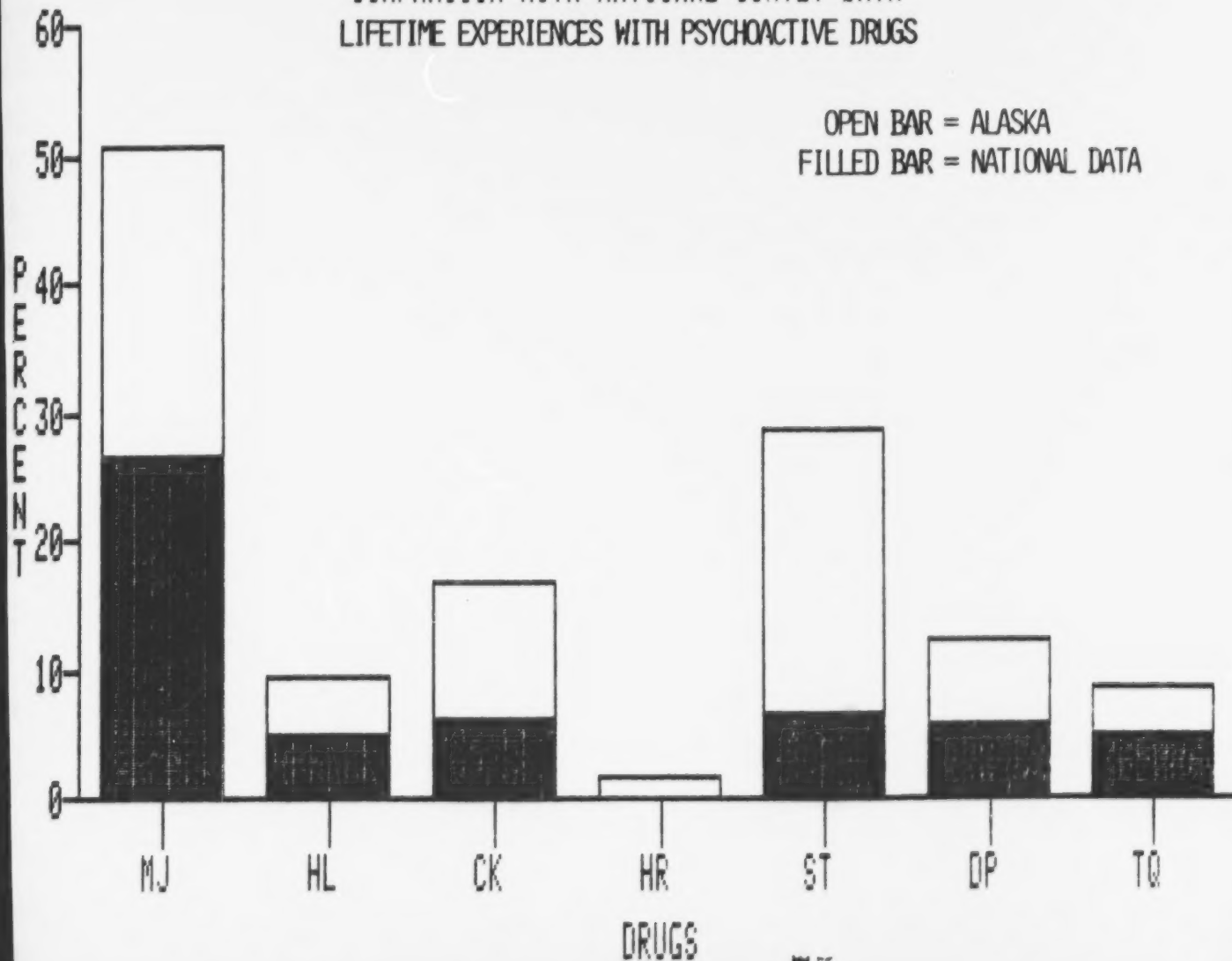


TABLE A-13

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Aggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka

<u>Drug</u>	<u>Total Sample (N=345)</u>	<u>Anchorage Sitka Barrow Nome Kotzebue (N=277)</u>	<u>Total Sample Less Anchorage (N=215)</u>	<u>Bethel Juneau Fairbanks (N=68)</u>	<u>Barrow Kotzebue Nome (N=73)</u>	<u>Anchorage (N=123)</u>	<u>1982* National Survey of 12-17 Yr. Olds (N=17500)</u>
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

TABLE A-14

AGE AND REPORTED FIRST EXPERIENCES WITH
PSYCHOACTIVE DRUGSPercent of Students Who Reported
Trying Each DrugAggregated School Surveys
Barrow-Bethel-Fairbanks-Juneau-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2021)

Drug	Number of Students who Tried	<u>Ages</u>								
		<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
Marijuana	901	8.0	12.9	21.0	23.1	16.3	11.1	6.0	1.3	0.2
Hallucinogens	174	4.0	5.2	12.6	15.5	20.7	20.7	14.4	5.7	1.1
Cocaine	328	0.6	7.0	7.9	17.4	13.1	23.2	20.7	7.3	2.7
Heroin	34	2.9	14.7	26.5	20.6	20.6	14.7	0.0	0.0	0.0
Inhalants	294	7.8	13.3	20.4	21.8	14.6	12.6	6.8	2.4	0.3
Stimulants	558	2.9	5.7	12.9	20.3	18.1	21.0	14.5	3.9	0.5
Depressants	228	3.9	7.5	15.4	19.3	21.9	12.3	15.4	3.5	0.9
Tranquilizers	169	7.1	8.9	13.0	18.3	23.7	12.4	13.6	3.0	0.0

FIGURE A-14A

AGE FIRST TRYING PSYCHOACTIVE DRUGS

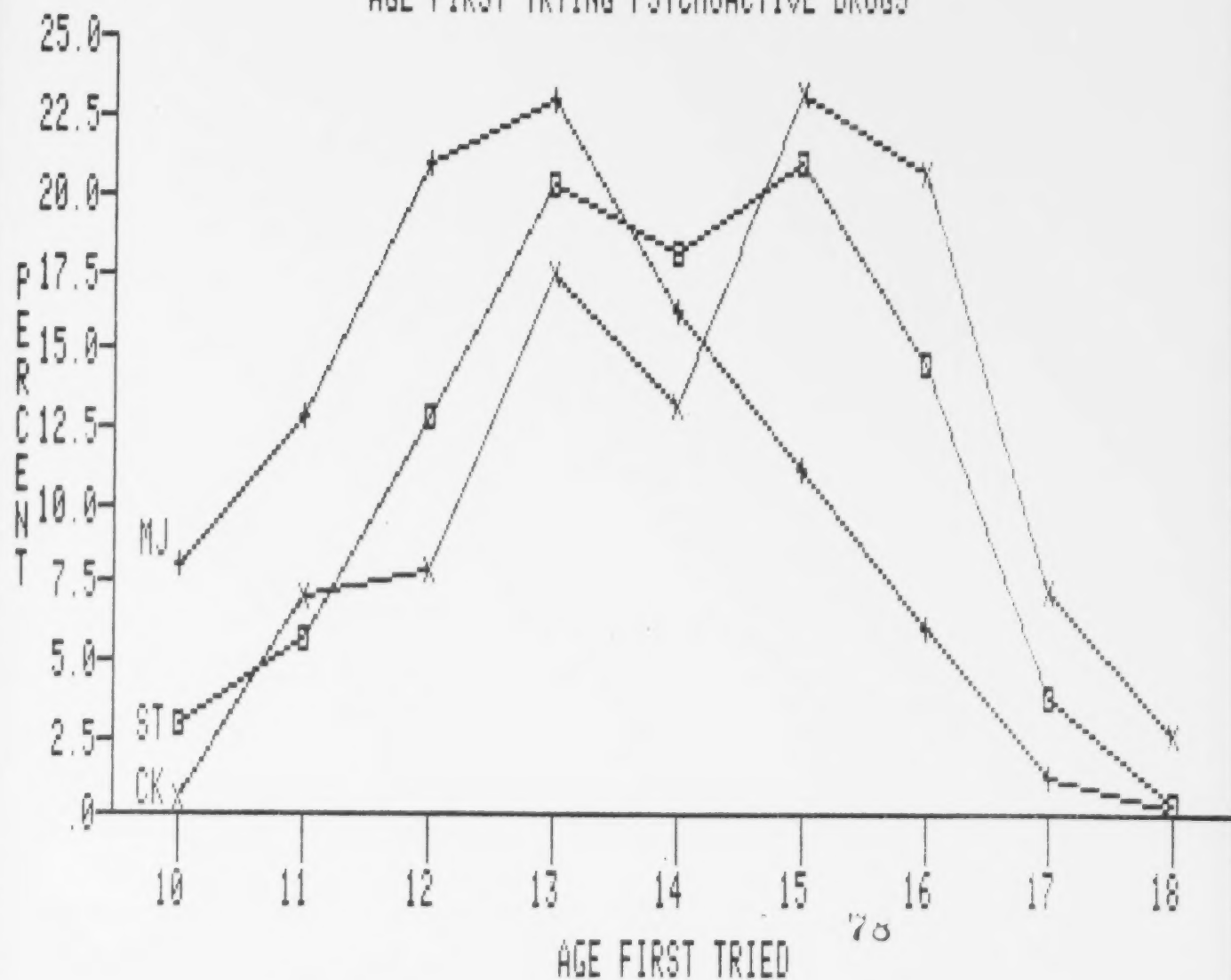


FIGURE A-14B

AGE FIRST TRYING PSYCHOACTIVE DRUGS

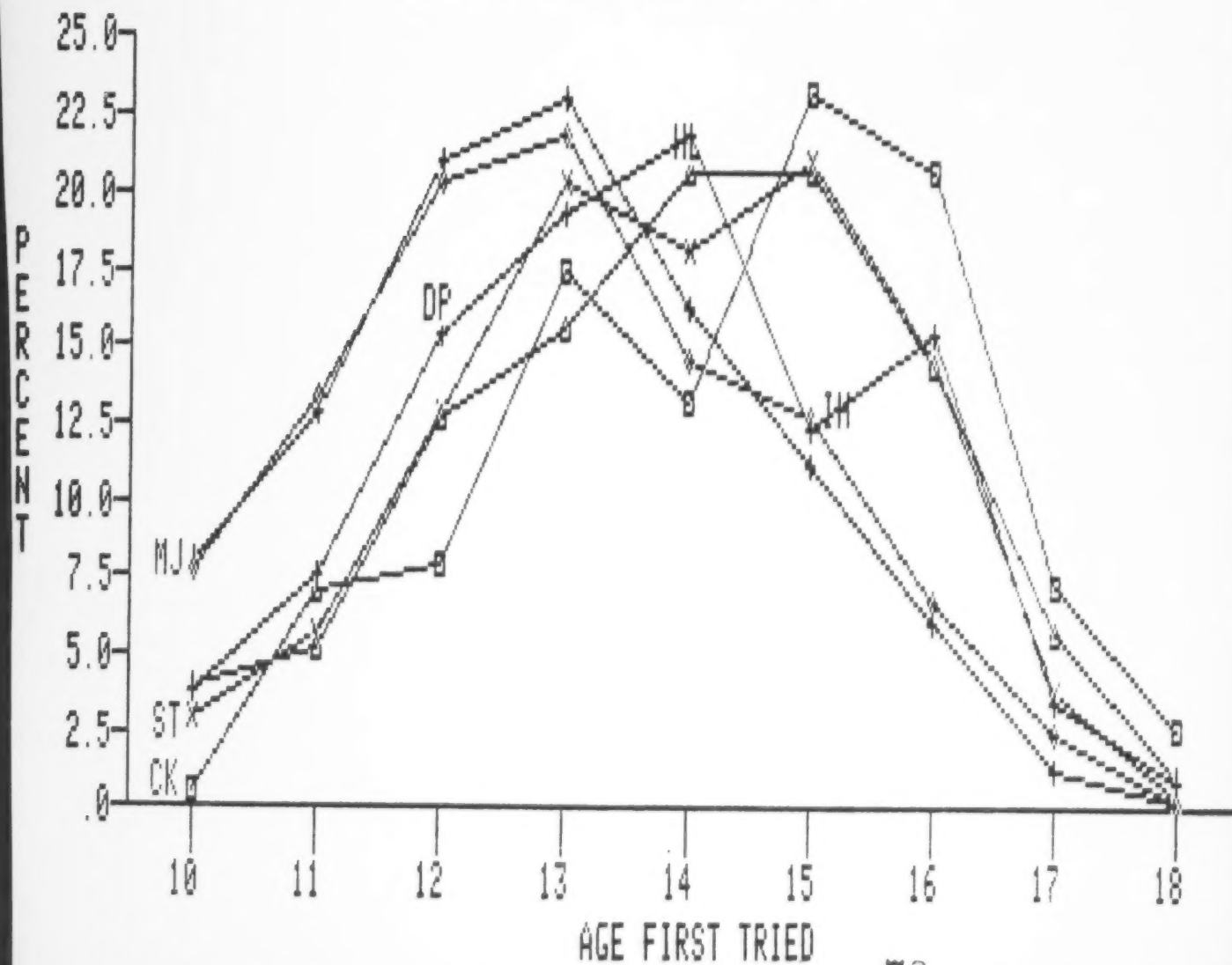


TABLE A1-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	Number of Students Having a Chance to Try a Drug	Percent of All Students Having a Chance to Try a Drug	Number of Students Reporting Having Tried a Drug	Percent of Students who Had a Chance to Try and Did Try a Drug	Percent of All Students Trying a Drug
Marijuana	1881	66.9	1426	75.8	50.7
Hallucinogens	454	16.2	245	54.0	8.7
Cocaine	773	27.5	520	67.3	30.5
Heroin	176	6.3	60	34.1	2.1
Inhalants	731	26.0	435	59.5	15.5
Stimulants	974	34.6	757	77.7	26.9
Depressants	561	20.0	411	73.3	14.6
Tranquilizers	453	16.1	337	74.4	12.0

FIGURE A1-1

OPPORTUNITY TO TRY AND TRYING DRUGS

ANCHORAGE-BARROW-KOTZEBUE-NOME-SITKA

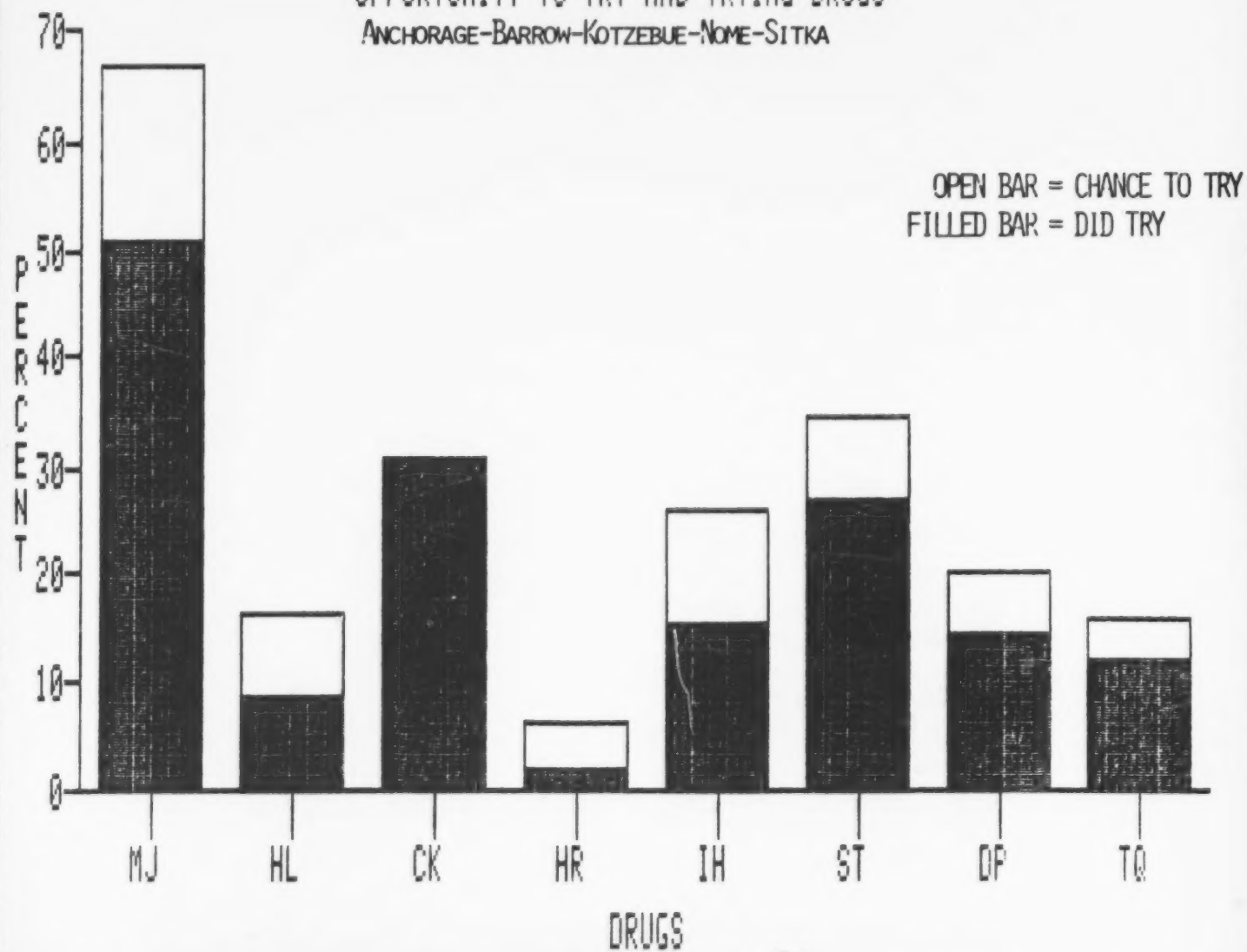


TABLE A1-2

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
 Anchorage-Barrow-Kotzebue-Nome-Sitka
 Students Grades 7-12
 (N = 2811)

<u>Drug</u>	<u>Number of Students Reporting Trying</u>	<u>Lower* Limit</u>	<u>Percent of Sample who Ever Tried</u>	<u>Upper* Limit</u>	<u>Percent of Sample who Tried Within Past Year</u>
Marijuana	1426	48.5	<u>50.7</u>	52.9	42.9
Hallucinogens	245	7.4	<u>8.7</u>	10.0	6.6
Cocaine	520	28.5	<u>30.5</u>	32.6	15.4
Heroin	60	1.5	<u>2.1</u>	2.9	2.7
Inhalants	435	14.0	<u>15.5</u>	17.1	10.3
Stimulants	757	25.3	<u>26.9</u>	28.9	20.9
Depressants	411	12.9	<u>14.6</u>	16.2	11.8
Tranquilizers	337	10.8	<u>12.0</u>	13.3	9.8
Alcohol	2061	70.9	<u>73.3</u>	75.9	-
Tobacco	1607	55.0	<u>57.2</u>	59.4	-

*Confidence Limits

TABLE A1-3

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)

Drug	Percent of Sample Responding	Not Taken	<u>Frequency*</u>						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	39.0	46.1	19.4	7.5	4.2	6.0	2.8	3.1	43.0
Hallucinogens	82.6	76.0	5.0	0.7	0.2	0.3	0.0	0.4	66.0
Cocaine	83.8	68.4	10.9	2.5	0.5	0.7	0.3	0.5	15.4
Heroin	82.5	79.8	1.8	0.2	0.1	0.1	0.2	0.4	2.7
Inhalants	83.4	73.1	7.5	1.2	0.5	0.3	0.3	0.4	10.3
Stimulants	83.8	62.9	12.3	3.9	1.9	1.4	0.5	0.9	20.9
Depressants	83.0	71.2	7.6	2.1	0.7	0.7	0.2	0.5	11.8
Tranquillizers	82.3	72.5	6.9	1.2	0.7	0.4	0.2	0.5	9.8

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A1-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)

	Males (N=1426)			Females (N=1314)		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>Drugs</u>	<u>Number</u> <u>Having</u> <u>Tried</u>	<u>Percent of</u> <u>Males who</u> <u>Tried a Drug</u>	<u>Percent of</u> <u>All Students</u> <u>who Tried Drug</u>	<u>Number</u> <u>Having</u> <u>Tried</u>	<u>Percent of</u> <u>Females who</u> <u>Tried a Drug</u>	<u>Percent of</u> <u>All Students</u> <u>who Tried Drug</u>
Marijuana	743	52.1	53.1	655	49.8	46.9
Hallucinogens	150	10.5	62.5	90	6.8	37.5
Cocaine	289	20.3	56.6	222	17.0	43.4
Heroin	44	3.1	73.3	16	1.2	26.7
Inhalants	239	16.8	56.1	187	14.2	43.9
Stimulants	373	26.2	50.3	369	28.1	49.7
Depressants	224	15.7	55.0	183	13.9	45.0
Tranquilizers	182	12.8	55.3	147	11.2	44.7

*71 students did not report gender.

TABLE A1-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School Comparisons

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)*

Drugs	F***	Junior High School** Grades 7-9 (N=1474)			F***	Senior High School** Grades 10-12 (N=1276)		
		<u>1</u>	<u>2</u>	<u>3</u>		<u>1</u>	<u>2</u>	<u>3</u>
		Percent of Jr. H. S. Students who Ever Tried (N=1474)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=2811)		Percent of Sr. H. S. Students who Ever Tried (N=1276)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=2811)
Marijuana	561	38.1	40.0	20.0	841	65.9	60.0	29.9
Hallucinogens	76	5.2	31.4	2.7	166	13.0	68.6	5.9
Cocaine	155	10.5	30.3	5.5	357	28.0	69.7	12.7
Heroin	23	1.6	38.3	0.8	37	2.9	61.7	1.3
Inhalants	200	13.6	46.9	7.1	226	17.7	53.1	8.0
Stimulants	258	17.5	34.7	9.2	486	38.1	65.3	17.3
Depressants	155	10.5	38.0	5.5	253	19.8	62.0	9.0
Tranquilizers	113	7.7	34.3	4.0	216	16.9	65.7	7.7

*61 students did not report grade level.

**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students reported having tried each drug.

FIGURE A1-5

PERCENT OF JR.- SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

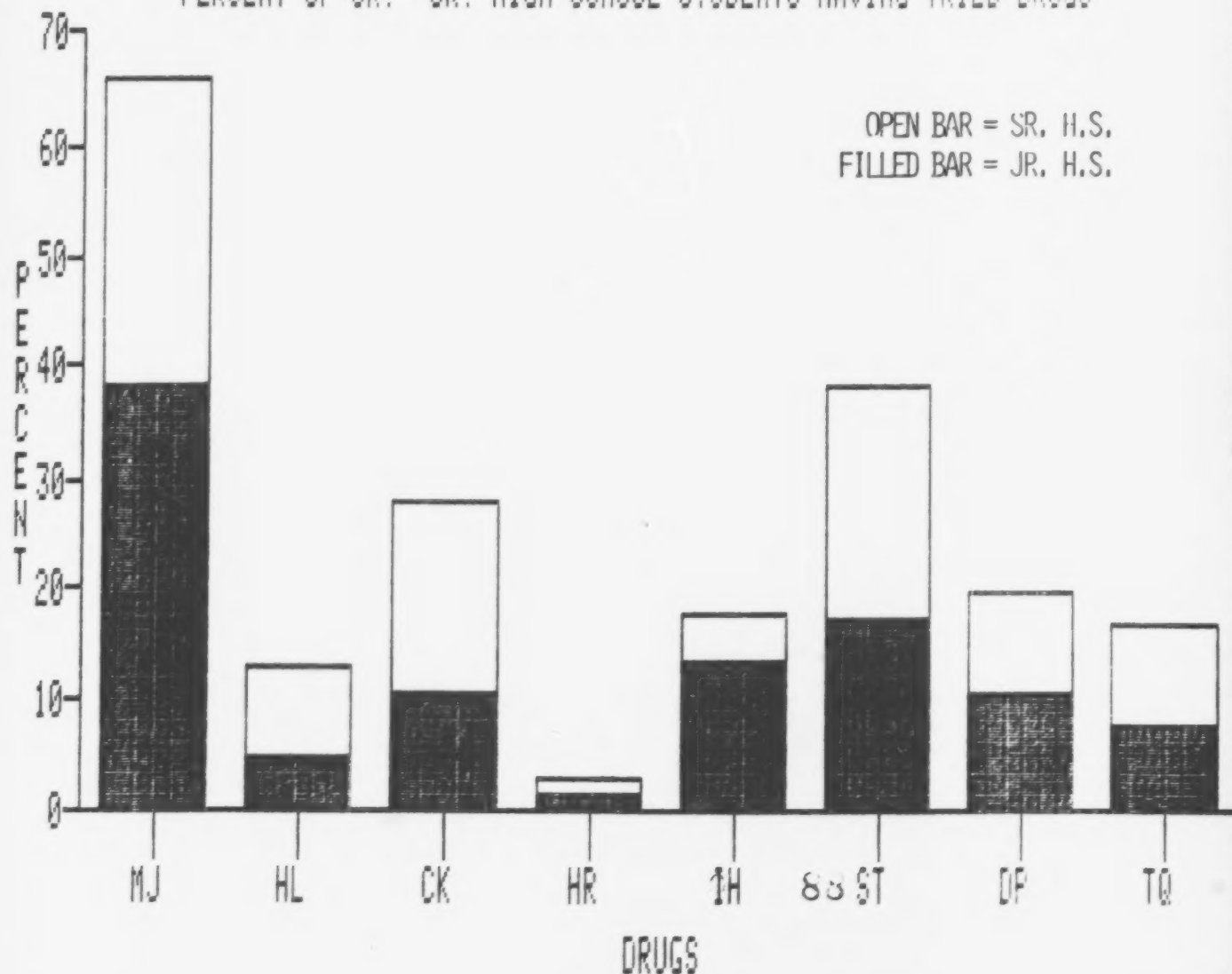


TABLE A1-6A

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Junior High School*
(N = 2811)

Drug	Percent of Jr. H. S. Students Responding	No Experience	Percent of Jr. H. S. Students who Have Tried 1-5 Times	Percent of Jr. H. S. Students who Have Tried 6 or more Times
Marijuana	87.6	54.3	22.1	11.1
Hallucinogens	82.0	77.6	3.7	0.6
Cocaine	83.0	73.2	4.5	1.2
Heroin	82.0	79.6	2.0	0.3
Inhalants	83.2	72.7	8.8	1.8
Stimulants	83.0	68.5	11.7	2.9
Depressants	82.6	73.5	7.5	0.9
Tranquilizers	81.5	74.6	5.8	1.2

*61 students did not report grade level.

TABLE A1-6B

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Senior High School*
(N = 1276)

Drug	Percent of Sr. H. S. Students Responding	No Experience	Percent of Sr. H. S. Students who Have Tried 1-5 Times	Percent of Sr. H. S. Students who Have Tried 6 or More Times
Marijuana	91.5	36.7	33.0	21.9
Hallucinogens	83.9	74.7	8.1	1.2
Cocaine	85.4	63.2	19.2	3.0
Heroin	83.8	80.7	1.9	1.2
Inhalants	84.4	74.5	8.5	1.4
Stimulants	85.4	56.7	21.7	7.0
Depressants	84.1	69.0	12.5	2.5
Tranquilizers	83.9	70.7	10.8	2.4

*61 students did not report grade level.

TABLE A1-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a Drug

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
	(N=503)	(N=494)	(N=477)	(N=558)	(N=441)	(N=277)
Marijuana	25.0	39.5	50.3	59.7	71.9	69.0
Hallucinogens	2.4	5.7	7.5	12.8	11.1	15.5
Cocaine	5.0	14.0	13.0	20.6	32.4	35.7
Heroin	0.6	1.8	2.3	2.3	4.5	1.4
Inhalants	11.1	17.0	12.6	17.7	17.9	17.3
Stimulants	8.2	20.9	23.9	34.2	41.5	40.4
Depressants	6.2	13.8	11.7	19.2	17.2	18.1
Tranquilizers	3.4	9.9	9.9	15.9	19.3	15.2

*61 students did not report grade levels.

FIGURE A1-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

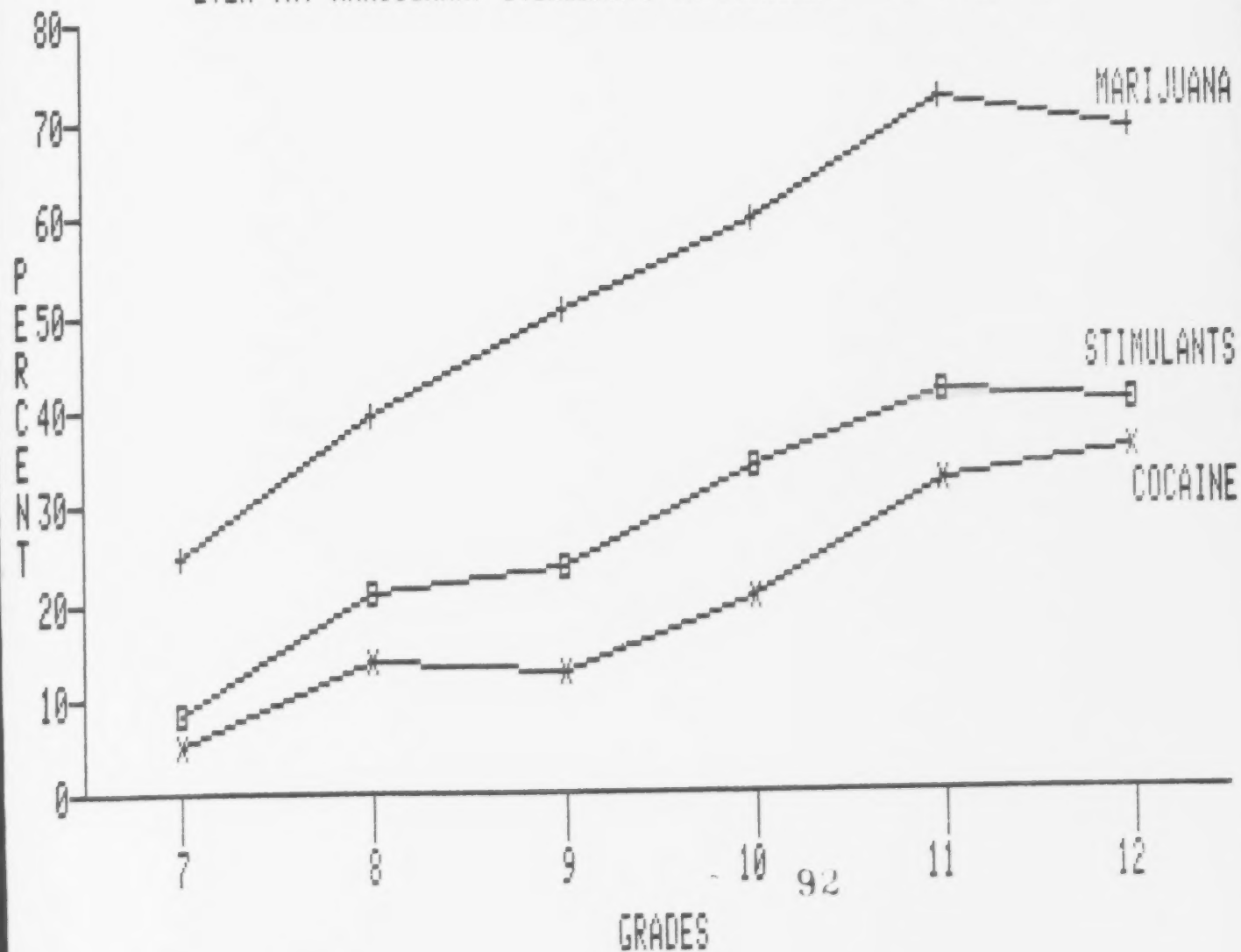


TABLE A1-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
 Anchorage-Barrow-Kotzebue-Nome-Sitka
 Students Grades 7-12
 (N = 2811)

<u>Reasons Given:</u>		<u>For Not Trying Drugs</u>	<u>For Having Stopped Experimenting with Drugs</u>
	<u>Total Number of Students Responding</u>	<u>Percent of Respondents Not Trying for each Reason</u>	<u>Percent of Respondents who Tried and Stopped for each Reason</u>
1. May hurt my body.	2091	18.9	44.7
2. May hurt my mind.	2093	16.7	47.1
3. May cause addiction.	2073	20.9	42.9
4. Friends disapprove.	1014	38.5	19.9

TABLE A1-9

DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12
(N = 2811)

<u>Drug</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	76.0	30.3	20.2	30.7	19.1
Hallucinogens	51.5	7.4	40.2	7.9	44.5
Cocaine	55.6	13.3	34.0	17.2	35.5
Heroin	45.6	1.8	43.6	2.3	52.3
Inhalants	53.3	14.2	34.4	12.1	39.3
Stimulants	59.6	20.4	28.6	20.6	30.4
Depressants	49.5	12.2	34.3	14.2	39.3
Tranquilizers	47.6	9.9	36.1	13.5	40.6

TABLE A1-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Aggregated School Surveys
 Anchorage-Barrow-Kotzebue-Nome-Sitka
 Students Grades 7-12
 (N = 2371)

Students who:	Percent of Students who*		Total
	Expressed a need for drug education	Expressed no need for drug education	
Have Tried Drugs	44.0	12.7	56.8
Have Not Tried Drugs	36.3	6.9	43.2
Total	80.3	19.7	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 14.9$, d.f. = 1, $p < .001$.

Table A1-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
By Grade Levels
(N =2811)

Statement	Grades*						Total
	7	8	9	10	11	12	
1. I have missed school because of drug use.	1.8	7.0	8.5	10.9	14.0	17.2	9.2
2. I have had problems in school because of drug use.	4.1	6.2	8.9	10.5	10.5	13.6	8.6
3. I have had problems outside of school because of drug use.	5.9	10.3	10.4	14.7	15.9	16.8	12.0

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

Table A1-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Aggregated School Surveys
 Anchorage-Barrow-Kotzebue-Nome-Sitka
 Students Grades 7-12

Drug	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	44.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983

FIGURE A1-12

COMPARISON WITH NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

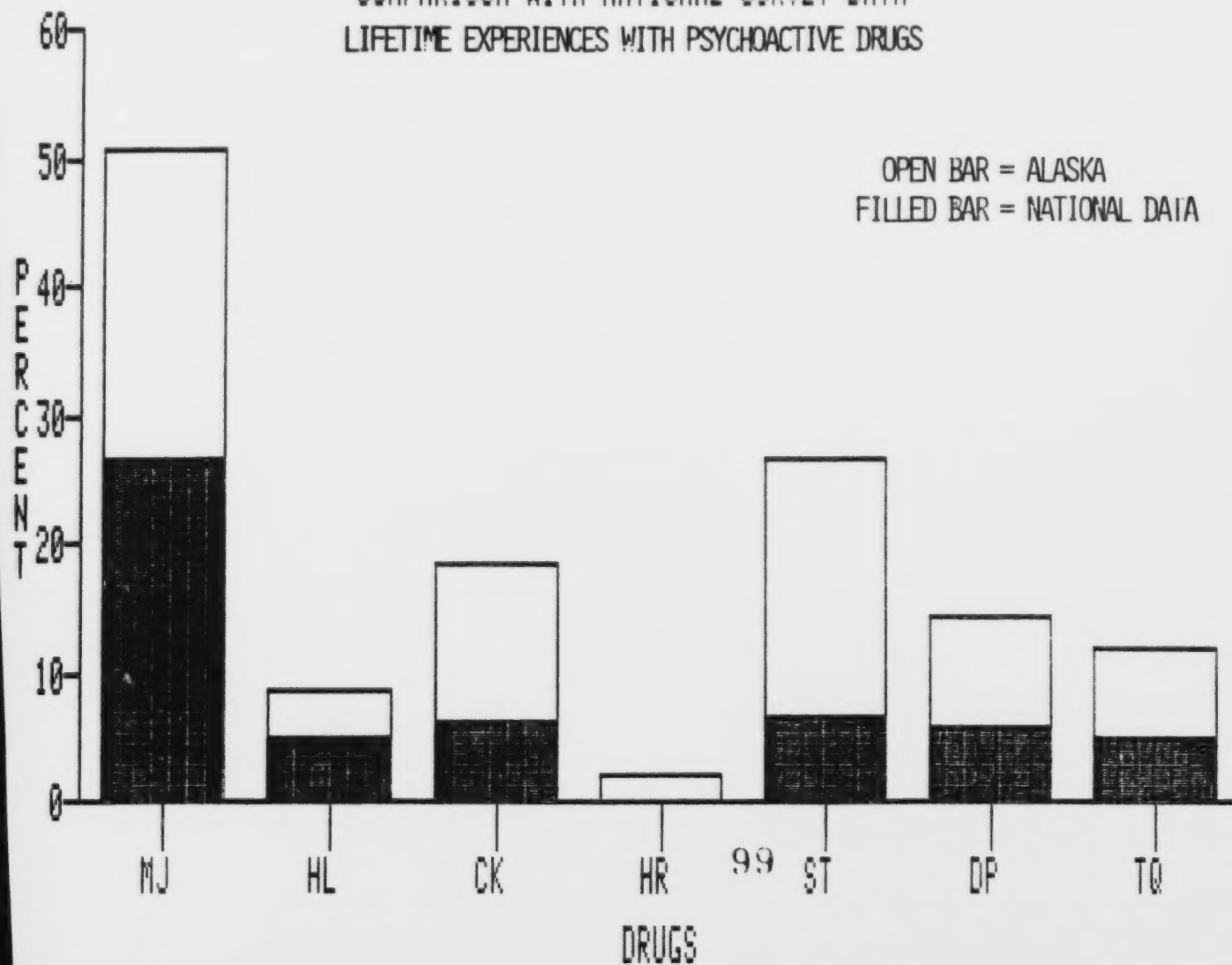


Table A1-13

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Aggregated School Surveys
Anchorage-Barrow-Kotzebue-Nome-Sitka
Students Grades 7-12

Drug	Total Sample (N=345)	Anchorage Sitka Nome Barrow Kotzebue (N=277)	Total Sample Less Anchorage (N=215)	Bethel Juneau Fairbanks (N=68)	Barrow Kotzebue Nome (N=73)	Anchorage (N=123)	1982* National Survey of 12-17 Yr. Olds (N=17500)
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

TABLE A2-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	Number of Students Having a Chance to Try a Drug	Percent of All Students Having a Chance to Try a Drug	Number of Students Reporting Having Tried a Drug	Percent of Students who Had a Chance to Try and Did Try a Drug	Percent of All Students Trying a Drug
Marijuana	503	63.0	358	71.2	44.9
Hallucinogens	199	24.9	69	34.7	8.6
Cocaine	273	34.2	142	52.0	17.8
Heroin	85	10.7	18	21.2	2.3
Inhalants	237	29.7	160	67.5	20.1
Stimulants	314	39.3	225	71.6	28.1
Depressants	164	20.6	105	64.0	13.2
Tranquilizers	120	15.0	79	65.8	9.9

FIGURE A2-1

BETHEL-JUNEAU-FAIRBANK AGGREGATED SURVEY RESULTS: OPPORTUNITY
TRY AND TRYING DRUGS

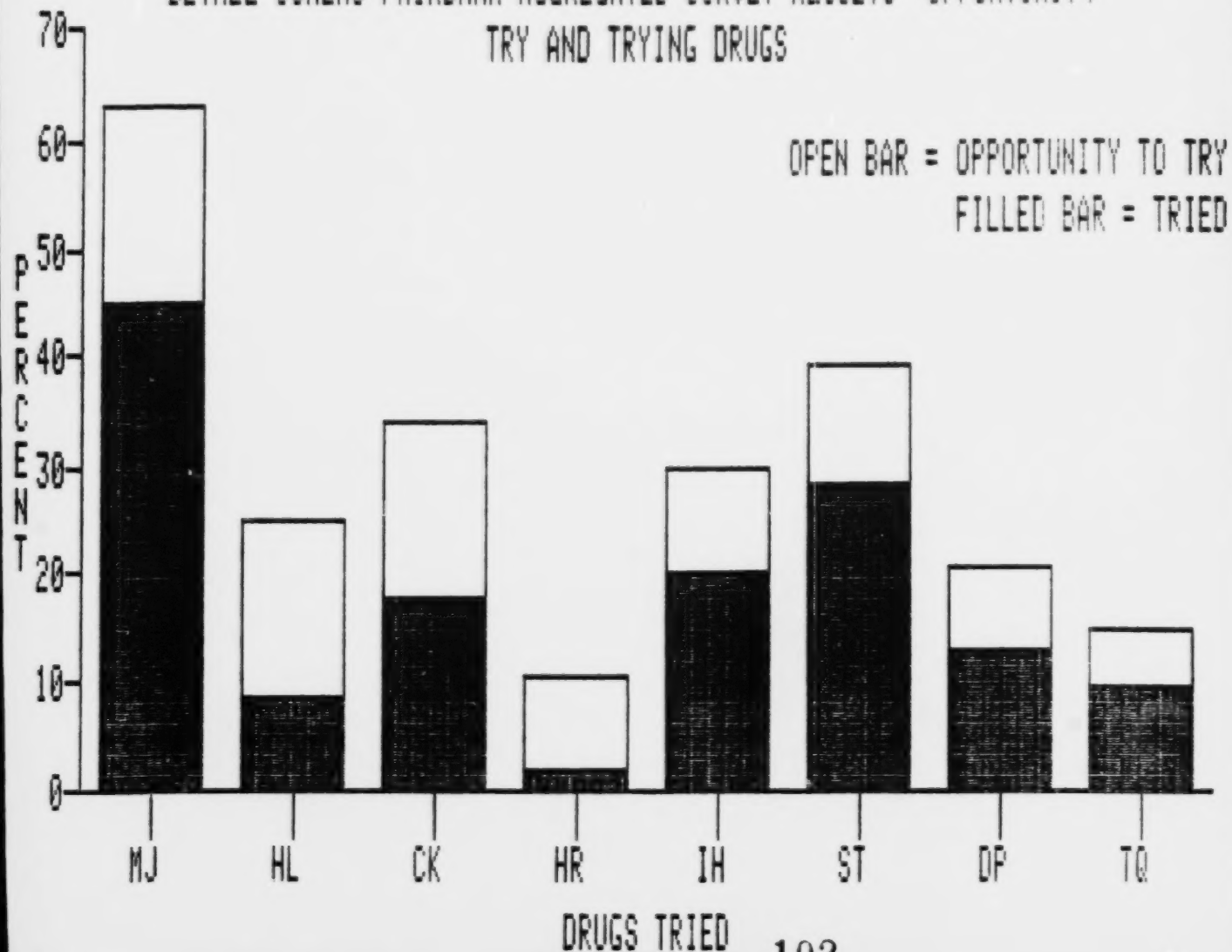


TABLE A2-2

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

<u>Drug</u>	<u>Number of Students Reporting Trying</u>	<u>Lower* Limit</u>	<u>Percent of Sample who Ever Tried</u>	<u>Upper* Limit</u>	<u>Percent of Sample who Tried Within Past Year</u>
Marijuana	358	40.6	44.9	49.2	31.7
Hallucinogens	69	6.3	8.6	11.8	6.0
Cocaine	142	14.6	17.8	21.5	12.4
Heroin	18	1.3	2.3	3.9	0.8
Inhalants	160	16.9	20.1	16.4	8.7
Stimulants	225	24.4	28.2	31.9	18.2
Depressants	105	10.8	13.2	16.2	7.3
Tranquilizers	79	7.6	9.9	12.8	5.6
Alcohol	528	62.2	66.2	70.2	51.6
Tobacco	379	43.5	47.5	51.5	14.0

*Confidence Limits

TABLE A2-3A

INCIDENCE OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

Drug	Percent of Sample Responding	Not Taken	<u>Incidence*</u>						Total Once or More
			1-2 Times	3-5 Times	6-9 Times	10-19 Times	20-39 Times	40+ Times	
Marijuana	89.2	46.0	12.2	6.1	2.9	6.6	3.6	11.8	43.2
Hallucinogens	86.0	77.8	4.1	1.3	0.8	0.6	0.8	0.4	8.0
Cocaine	86.1	67.8	10.0	3.1	1.1	1.5	1.3	1.3	18.3
Heroin	85.0	83.0	1.5	0.4	0.0	0.1	0.0	0.0	2.0
Inhalants	86.6	70.4	7.8	3.0	1.5	1.8	0.8	1.4	16.3
Stimulants	86.7	60.3	10.9	5.4	2.1	3.3	1.6	3.1	26.4
Depressants	85.5	73.1	6.5	2.1	1.0	1.4	0.6	0.8	12.4
Tranquilizers	85.7	74.7	4.8	2.3	1.3	1.3	0.5	1.0	11.2

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A2-3B

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

Drug	Percent of Sample Responding	Not Taken	Frequency*						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	84.3	48.2	17.3	5.5	3.3	6.3	1.9	1.9	36.2
Hallucinogens	79.9	73.8	4.8	0.6	0.5	0.1	0.0	0.1	6.1
Cocaine	80.2	65.0	11.3	2.3	0.6	0.6	0.1	0.3	15.2
Heroin	79.6	77.8	1.5	0.1	0.0	0.0	0.0	0.1	1.7
Inhalants	79.7	68.9	7.0	1.9	0.5	0.6	0.6	0.1	10.7
Stimulants	80.5	59.3	12.0	4.4	1.1	1.0	1.9	0.8	21.2
Depressants	82.7	69.9	6.5	1.9	0.3	0.3	0.4	0.5	9.9
Tranquilizers	79.3	71.6	4.8	1.8	0.4	0.3	0.5	0.1	7.9

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A2-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

<u>Drugs</u>	<u>Males</u> (N=344)			<u>Females</u> (N=418)		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
	Number Having Tried	Percent of Males who Tried a Drug	Percent of All Students who Tried Drug	Number Having Tried	Percent of Females who Tried a Drug	Percent of All Students who Tried Drug
Marijuana	161	46.8	46.9	182	43.5	53.1
Hallucinogens	35	10.2	53.0	31	7.4	47.0
Cocaine	62	18.0	46.3	72	17.2	53.7
Heroin	13	3.8	72.2	5	1.2	27.0
Inhalants	78	22.7	51.0	75	17.9	49.0
Stimulants	93	27.0	43.7	120	28.7	56.3
Depressants	48	14.0	47.5	53	12.7	52.5
Tranquilizers	37	10.8	47.4	41	9.8	52.6

*36 students did not report gender.

TABLE A2-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School Comparisons

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)*

Drugs	F***	Junior High School** Grades 7-9 (N=479)			F***	Senior High School** Grades 10-12 (N=291)		
		<u>1</u>	<u>2</u>	<u>3</u>		<u>1</u>	<u>2</u>	<u>3</u>
		Percent of Jr. H. S. Students who Ever Tried (N=479)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=798)		Percent of Sr. H. S. Students who Ever Tried (N=291)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=798)
Marijuana	155	32.4	43.3	19.4	192	65.6	53.6	24.1
Hallucinogens	29	6.1	42.0	3.6	37	12.7	53.6	4.6
Cocaine	44	9.2	31.0	5.5	93	32.0	65.5	11.7
Heroin	9	1.9	50.0	1.1	9	3.1	50.0	1.1
Inhalants	90	18.8	56.3	11.3	64	22.0	40.0	8.0
Stimulants	85	17.7	37.8	10.7	132	45.4	58.7	16.5
Depressants	52	10.9	49.5	6.5	51	17.5	48.6	6.4
Tranquilizers	38	7.9	48.1	4.8	40	13.7	50.6	5.1

*28 students did not report grade level.

**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students having tried each drug.

FIGURE A2-5

PERCENT OF JR. AND SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

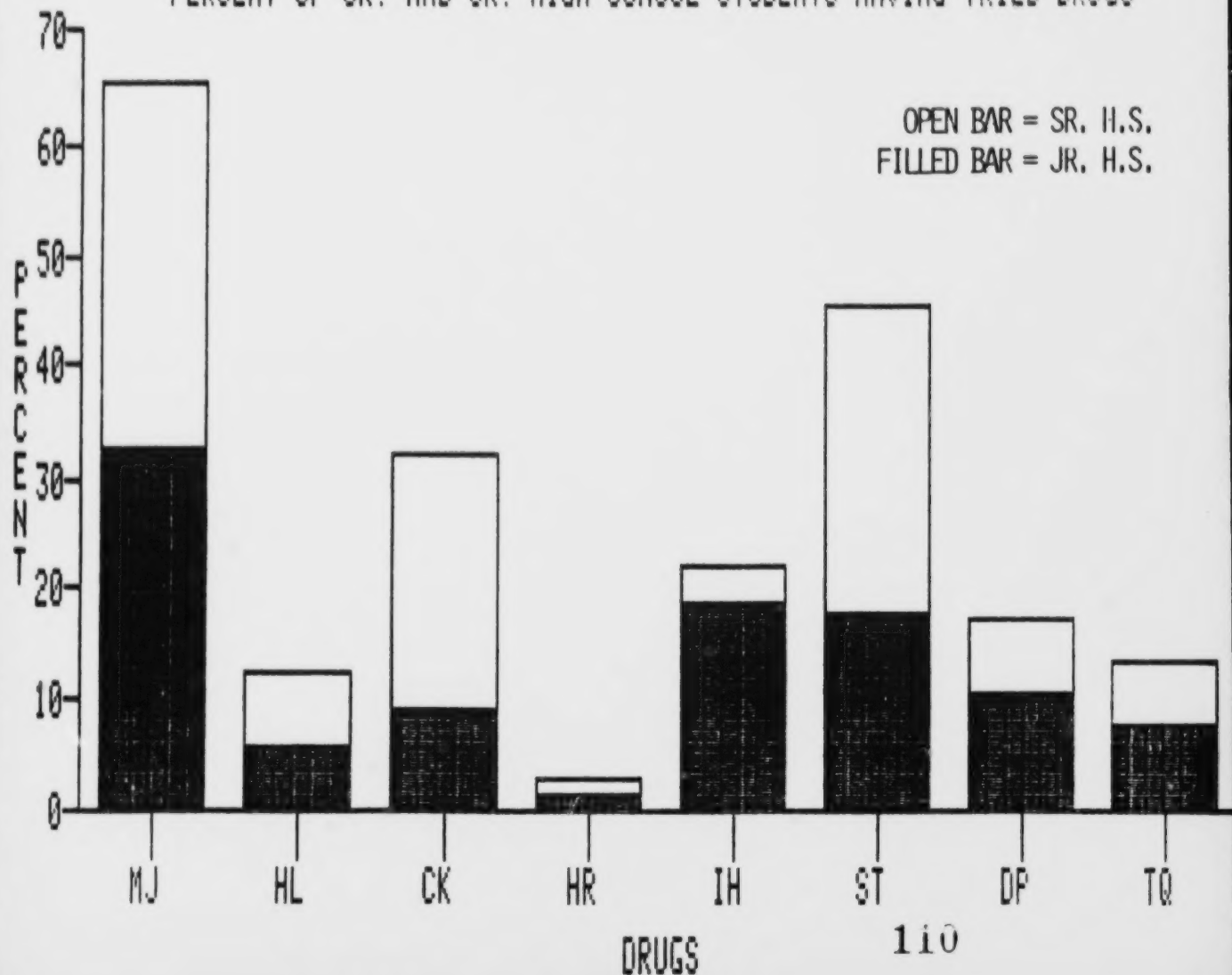


TABLE A2-6A

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Junior High School*
(N = 479)

Drug	Percent of Jr. H. S. Students Responding	No Experience	Percent of Jr. H. S. Students who Have Tried 1-5 Times	Percent of Jr. H. S. Students who Have Tried 6 or more Times
Marijuana	88.1	55.9	15.8	16.8
Hallucinogens	84.3	78.9	3.8	1.7
Cocaine	83.9	72.9	8.4	2.7
Heroin	83.1	81.4	1.5	0.2
Inhalants	51.3	69.1	10.0	6.3
Stimulants	84.6	68.3	11.5	4.8
Depressants	83.5	74.1	6.7	2.7
Tranquilizers	83.5	75.4	5.4	2.7

*28 students did not report grade level.

TABLE A2-6B

INCIDENCE OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Senior High School
(N = 291)

Drug	Percent of Sr. H. S. Students Responding	No Experience	Percent of Sr. H. S. Students who Have Tried 1-5 Times	Percent of Sr. H. S. Students who Have Tried 6 or More Times
Marijuana	91.4	29.2	23.7	38.5
Hallucinogens	89.3	76.3	8.2	4.8
Cocaine	89.7	59.5	12.5	9.6
Heroin	88.7	85.9	2.7	0.0
Inhalants	54.1	73.2	12.0	3.8
Stimulants	90.7	47.4	23.7	19.6
Depressants	89.3	70.8	12.7	5.8
Tranquilizers	90.0	73.5	10.0	6.5

*28 students did not report grade level.

TABLE A2-6C

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Junior H. S.*
(N = 479)

Drug	Percent of Jr. H. S. Students Responding	Not Tried	Percent of Jr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Jr. H. S. Students who Have Taken Once a Week or More
Marijuana	82.9	68.8	21.9	9.3
Hallucinogens	77.7	95.2	4.3	0.5
Cocaine	78.1	87.4	11.5	3.1
Heroin	77.5	97.8	1.9	0.3
Inhalants	78.5	85.4	12.5	2.1
Stimulants	78.9	84.4	12.2	3.4
Depressants	77.9	90.3	8.3	1.3
Tranquilizers	77.2	92.7	5.9	1.4

*28 students did not report grade level.

TABLE A2-6D

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Senior H. S.*
(N = 291)

Drug	Percent of Sr. H. S. Students Responding	Not Tried	Percent of Sr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Sr. H. S. Students who Have Taken Once a Week or More
Marijuana	87.6	39.2	35.3	25.5
Hallucinogens	84.9	87.4	10.9	1.6
Cocaine	84.5	70.7	25.6	3.7
Heroin	84.2	97.6	2.4	0.0
Inhalants	82.8	88.4	9.1	2.5
Stimulants	84.5	56.9	32.9	10.2
Depressants	84.2	83.3	14.3	2.4
Tranquilizers	84.2	86.1	11.8	2.0

*28 students did not report grade level.

TABLE A2-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a Drug

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
	(N=162)	(N=191)	(N=126)	(N=100)	(N=123)	(N=68)
Marijuana	17.9	43.2	44.4	66.0	62.6	72.1
Hallucinogens	4.3	5.2	6.3	11.0	13.0	14.7
Cocaine	4.3	7.3	18.3	29.0	28.5	42.6
Heroin	1.9	1.6	2.4	4.0	4.1	0.0
Inhalants	14.8	20.4	21.4	25.0	22.0	17.6
Stimulants	8.0	17.8	30.2	46.0	46.3	42.6
Depressants	6.2	8.9	19.8	16.0	18.7	17.6
Tranquilizers	4.9	8.9	10.3	14.0	14.6	11.8

*28 students did not report grade levels.

FIGURE A2-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

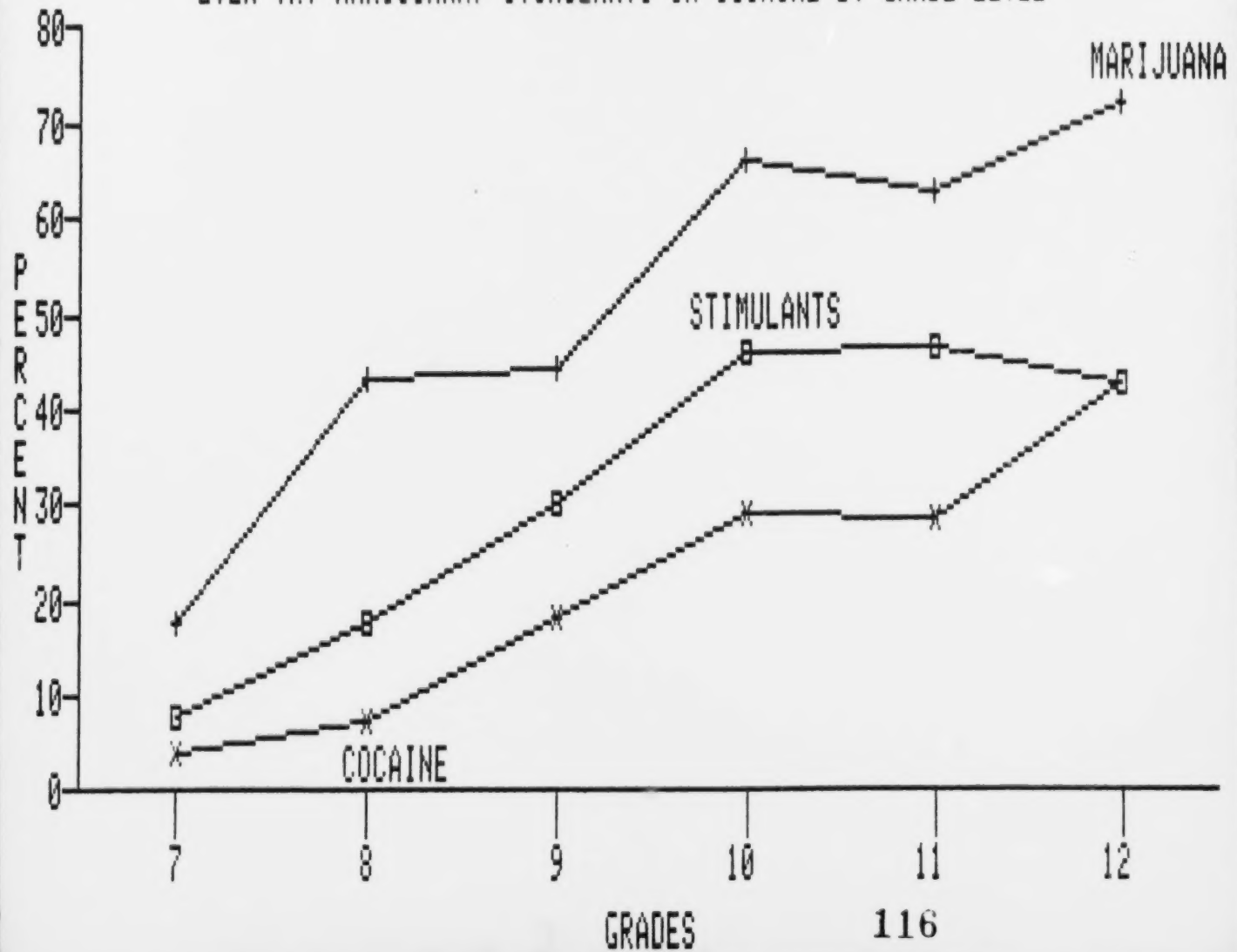


TABLE A2-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

<u>Reasons Given:</u>		<u>For Not Trying Drugs</u>	<u>For Having Stopped Experimenting with Drugs</u>
	<u>Total Number of Students Responding</u>	<u>Percent of Respondents Not Trying for each Reason</u>	<u>Percent of Respondents who Tried and Stopped for each Reason</u>
1. May hurt my body.	688	46.4	33.6
2. May hurt my mind.	687	13.2	36.8
3. May cause addiction.	671	19.5	30.8
4. Friends disapprove.	661	35.9	14.7

TABLE A2-9

DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Aggregated School Survey
Bethel-Fairbanks-Juneau
Students Grades 7-12
(N = 798)

<u>Drug</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	58.6	20.9	10.5	50.2	18.4
Hallucinogens	22.9	11.5	21.3	25.1	42.1
Cocaine	32.7	14.6	18.8	37.2	29.5
Heroin	9.9	7.6	24.1	15.2	53.2
Inhalants	27.9	23.3	12.1	43.9	20.6
Stimulants	36.7	20.8	11.3	50.9	17.1
Depressants	19.4	20.0	11.6	43.9	24.5
Tranquilizers	14.0	21.4	8.0	46.4	24.1

TABLE A2-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12

Percent who report that it is*
(N = 693)

Students who:	Impossible to Try	Difficult to Try	Fairly Easy to Try	Easy to Try	Total
Have Tried Drugs	4.0	10.2	20.6	18.9	53.8
Have Not Tried Drugs	18.6	14.7	9.5	3.3	46.2
Total	22.7	25.0	30.2	22.2	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 171.6$, d.f. = 3, $p < .001$.

Percent of Students who*
(N = 709)

Students who:	Expressed a need for drug education	Expressed no need for drug education	Total
Have Tried Drugs	40.3	13.0	53.3
Have Not Tried Drugs	39.8	6.9	46.7
Total	80.1	19.9	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 9.5$, d.f. = 1, $p < .001$.

TABLE A2-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Aggregated School Surveys
Bethel-Fairbanks-Juneau
By Grade Levels
(N = 798)

Statement	Grades*						Total
	7	8	9	10	11	12	
1. I have missed school because of drug use.	3.2	2.6	7.1	16.2	17.9	17.6	9.0
2. I have had problems in school because of drug use.	5.1	4.2	7.1	14.1	14.6	10.3	8.4
3. I have had problems outside of school because of drug use.	7.6	9.5	15.9	23.2	15.4	7.5	12.7

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

TABLE A2-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12

<u>Drug</u>	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	44.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983.

FIGURE A2-12

COMPARISON WITH NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

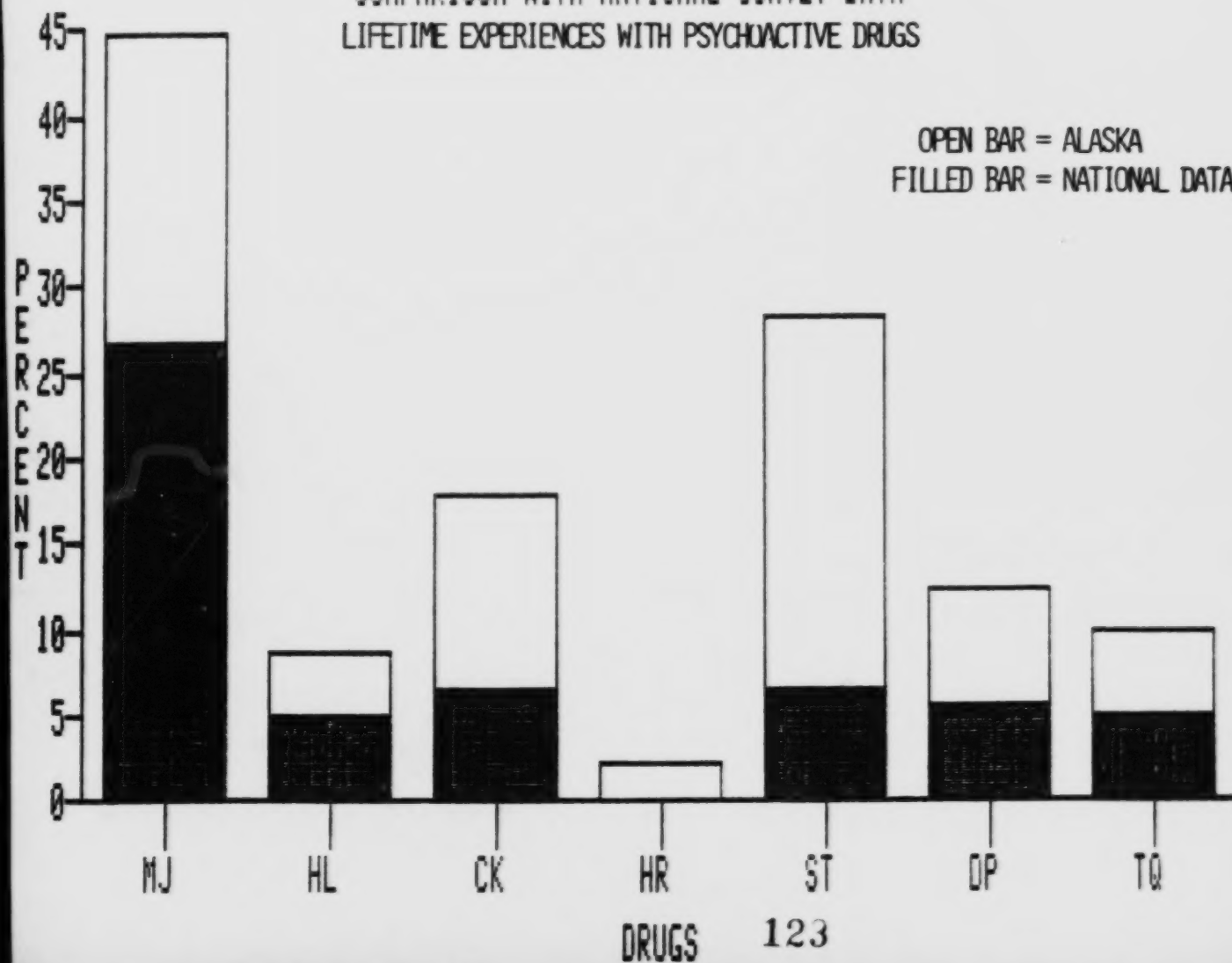


TABLE A2-13

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Aggregated School Surveys
Bethel-Fairbanks-Juneau
Students Grades 7-12

Drug	Total Sample (N=345)	Anchorage Sitka Nome Barrow Kotzebue (N=277)	Total Sample Less Anchorage (N=215)	Bethel Juneau Fairbanks (N=68)	Barrow Kotzebue Nome (N=73)	Anchorage (N=123)	1982* National Survey of 12-17 Yr. Olds (N=17500)
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

TABLE A3-1

OPPORTUNITY TO TRY AND TRYING DRUGS
Lifetime Experiences

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	Number of Students Having a Chance to Try a Drug	Percent of All Students Having a Chance to Try a Drug	Number of Students Reporting Having Tried a Drug	Percent of Students who Had a Chance to Try and Did Try a Drug	Percent of All Students Trying a Drug
Marijuana	433	72.2	353	81.5	58.5
Hallucinogens	106	17.7	55	51.9	9.2
Cocaine	176	29.3	108	61.4	18.0
Heroin	50	8.3	13	26.0	2.2
Inhalants	134	22.3	90	67.2	15.0
Stimulants	200	33.3	155	77.5	25.8
Depressants	87	14.5	63	72.4	10.5
Tranquilizers	54	9.0	38	70.4	6.3

FIGURE A3-1

AGGREGATED SCHOOL DATA: OPPORTUNITY TO TRY AND TRYING DRUGS
BARROW-KOTZEBUE-NOME

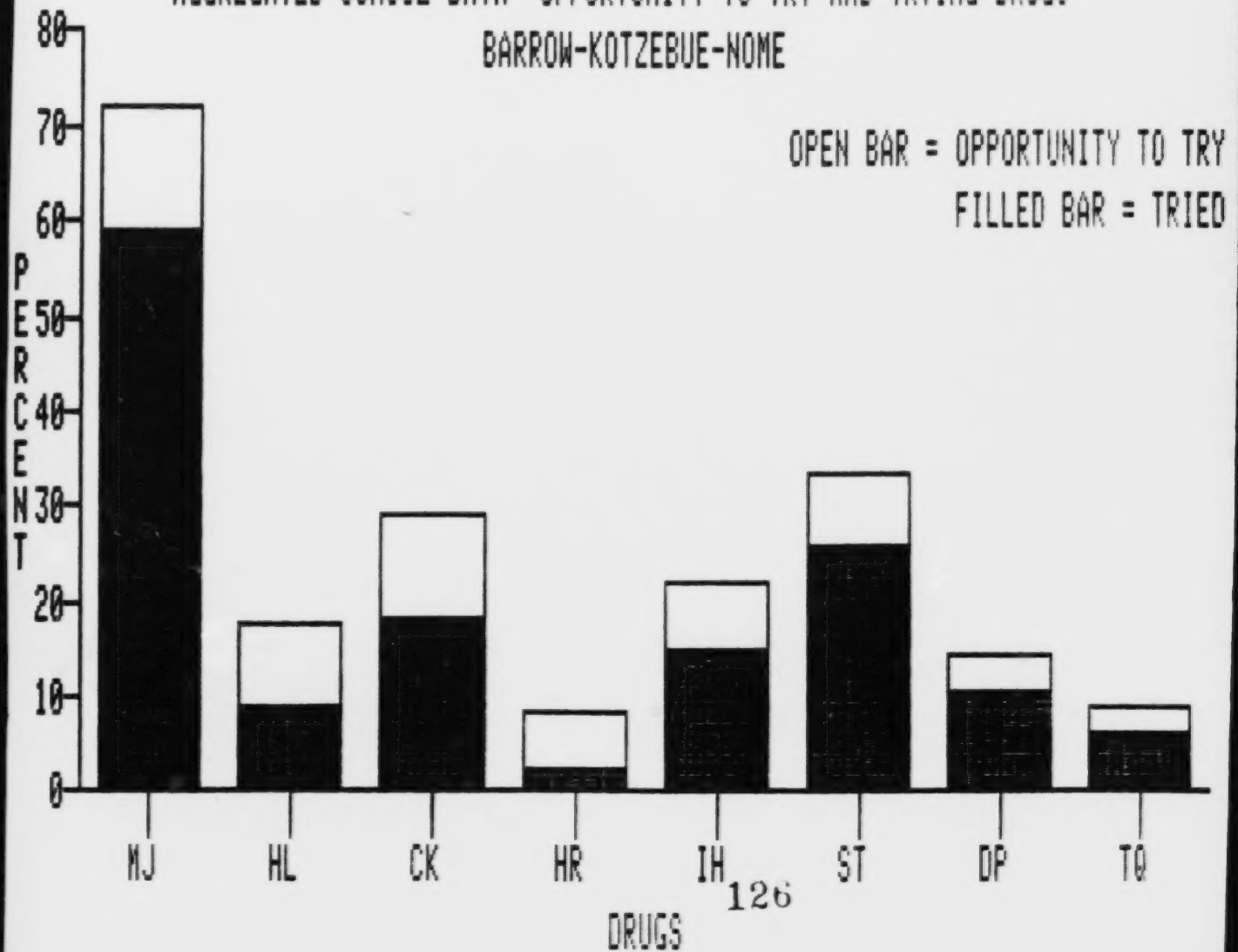


TABLE A3-2

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
 Barrow-Kotzebue-Nome
 Students Grades 7-12
 (N = 600)

<u>Drug</u>	<u>Number of Students Reporting Trying</u>	<u>Lower* Limit</u>	<u>Percent of Sample who Ever Tried</u>	<u>Upper* Limit</u>	<u>Percent of Sample who Tried Within Past Year</u>
Marijuana	353	54.0	<u>58.8</u>	63.8	39.1
Hallucinogens	55	6.4	<u>9.2</u>	13.0	4.8
Cocaine	108	14.0	<u>18.0</u>	22.7	9.8
Heroin	13	1.1	<u>2.2</u>	4.3	1.4
Inhalants	90	11.5	<u>15.0</u>	18.9	4.1
Stimulants	155	17.7	<u>25.8</u>	30.4	12.5
Depressants	63	7.9	<u>10.5</u>	13.9	4.5
Tranquilizers	38	4.6	<u>6.3</u>	8.9	3.5
Alcohol	372	57.2	<u>62.0</u>	65.0	-
Tobacco	378	49.7	<u>54.7</u>	59.7	-

*Confidence Limits

TABLE A3-3A

INCIDENCE OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

Drug	Percent of Sample Responding	Not Taken	<u>Incidence*</u>						Total Once or More
			1-2 Times	3-5 Times	6-9 Times	10-19 Times	20-39 Times	40+ Times	
Marijuana	94.5	34.3	18.2	8.0	7.3	7.0	6.2	13.5	60.2
Hallucinogens	91.2	86.5	2.5	1.0	0.3	0.2	0.5	0.2	4.7
Cocaine	91.7	76.8	8.2	1.7	2.5	1.0	0.2	1.3	14.9
Heroin	91.0	88.8	1.3	0.2	0.7	0.0	0.0	0.0	2.2
Inhalants	91.8	79.7	8.7	1.7	1.0	0.2	0.3	0.3	12.1
Stimulants	91.7	71.5	10.3	3.3	1.7	1.7	1.5	1.7	20.2
Depressants	92.0	83.7	4.8	1.5	0.7	0.2	0.7	0.5	8.3
Tranquilizers	91.5	86.7	2.8	0.7	0.2	0.3	0.2	0.7	4.8

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A3-3B

FREQUENCY OF DRUG-TAKING BEHAVIOR
Past Year Experiences

Percent of Students Who Have Tried/Taken a Drug

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

Drug	Percent of Sample Responding	Not Taken	<u>Frequency*</u>						Total Once or More
			Once a Month or Less	2-3 Times a Month	Once A Week	2-5 Times a Week	Daily	More Than Once a Day	
Marijuana	91.5	40.8	20.2	10.2	5.2	6.8	4.0	4.3	50.7
Hallucinogens	87.3	83.2	2.7	0.5	0.2	0.7	0.0	0.2	4.1
Cocaine	87.7	76.5	7.0	2.0	0.8	0.7	0.2	0.5	11.2
Heroin	87.7	85.2	1.8	0.3	0.2	0.0	0.2	0.0	2.5
Inhalants	87.8	80.5	5.0	1.0	0.8	0.2	0.0	0.3	7.3
Stimulants	86.5	71.8	9.5	2.7	1.0	0.5	0.2	0.8	14.7
Depressants	87.0	80.7	4.0	1.3	0.5	0.2	0.0	0.3	6.3
Tranquilizers	86.7	83.5	2.0	0.3	0.2	0.2	0.2	0.3	3.2

*Because of missing responses, those who report having tried a drug in the past year will not always correspond to the percent who reported ever trying a drug.

TABLE A3-4

LIFETIME EXPERIENCES WITH PSYCHOACTIVE
DRUGS BY GENDERFemales and Males Who Reported
Ever Having Tried a Drug*Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

<u>Drugs</u>	<u>Males</u> (N=297)			<u>Females</u> (N=269)		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>1</u>	<u>2</u>	<u>3</u>
	<u>Number</u> <u>Having</u> <u>Tried</u>	<u>Percent of</u> <u>Males who</u> <u>Tried a Drug</u>	<u>Percent of</u> <u>All Students</u> <u>who Tried Drug</u>	<u>Number</u> <u>Having</u> <u>Tried</u>	<u>Percent of</u> <u>Females who</u> <u>Tried a Drug</u>	<u>Percent of</u> <u>All Students</u> <u>who Tried Drug</u>
Marijuana	184	62.0	54.1	156	58.0	45.9
Hallucinogens	32	10.8	60.4	21	7.8	39.6
Cocaine	58	19.5	55.8	46	17.1	44.2
Heroin	8	2.7	61.5	5	1.9	38.5
Inhalants	49	16.5	57.0	37	13.8	43.0
Stimulants	79	26.6	52.7	71	26.4	47.3
Depressants	34	11.4	56.7	26	9.7	43.3
Tranquilizers	20	6.7	57.1	15	5.6	42.9

*34 students did not report gender.

TABLE A3-5

LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
Junior-Senior High School Comparisons

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 798)*

Drugs	F***	Junior High School** Grades 7-9 (N=292)			F***	Senior High School** Grades 10-12 (N=278)		
		<u>1</u>	<u>2</u>	<u>3</u>		<u>1</u>	<u>2</u>	<u>3</u>
		Percent of Jr. H. S. Students who Ever Tried (N=479)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=798)		Percent of Sr. H. S. Students who Ever Tried (N=291)	Percent of Students who Have Tried each Drug	Percent of Total Sample (N=798)
Marijuana	138	47.3	40.2	23.0	205	73.7	59.8	34.2
Hallucinogens	19	6.5	35.8	3.2	34	12.2	64.2	5.7
Cocaine	31	10.6	29.5	5.2	74	26.6	70.5	12.33
Heroin	6	2.1	46.2	1.0	7	2.5	53.8	1.2
Inhalants	44	15.1	51.8	7.3	41	14.7	48.2	6.7
Stimulants	55	18.8	36.7	9.2	95	34.2	63.3	15.8
Depressants	26	8.9	42.6	4.3	35	12.6	57.4	5.8
Tranquilizers	15	5.2	41.7	2.5	21	7.6	58.3	3.5

*30 students did not report grade level.

**The differences in frequencies and percentages between junior and senior high students are statistically significant for each drug ($p < .01$).

***F=Frequency or number of students reported having tried each drug.

FIGURE A3-5

PERCENT JR.- SR. HIGH SCHOOL STUDENTS HAVING TRIED DRUGS

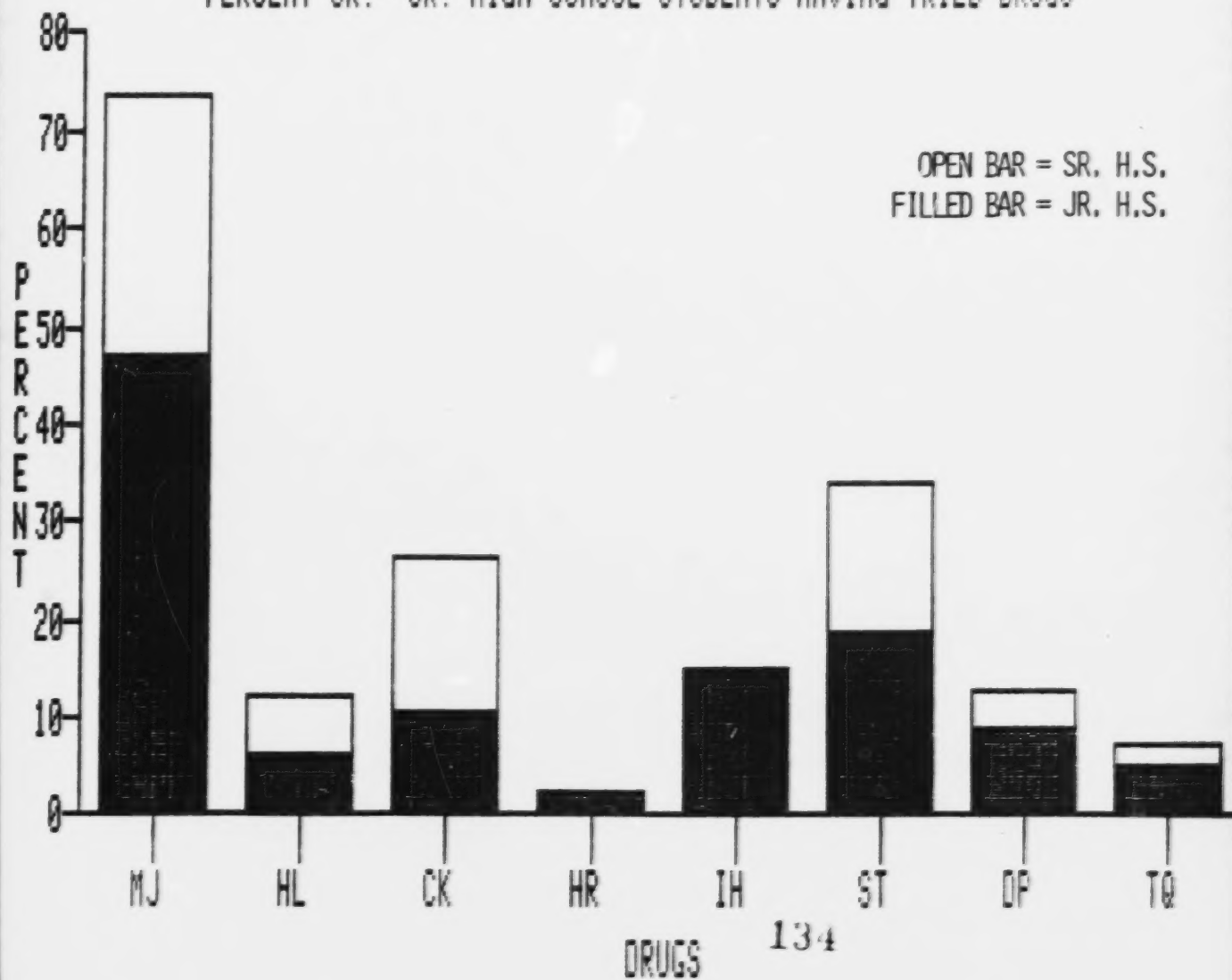


TABLE A3-6A

INCIDENCE OF TAKING DRUGS:
Past Year ExperiencesAggregated School Surveys
Barrow-Kotzebue-Nome
Junior High School*
(N = 292)

Drug	Percent of Jr. H. S. Students Responding	No Experience	Percent of Jr. H. S. Students who Have Tried 1-5 Times	Percent of Jr. H. S. Students who Have Tried 6 or more Times
Marijuana	93.8	44.5	27.4	21.9
Hallucinogens	91.1	88.0	2.4	0.7
Cocaine	91.4	82.2	5.5	3.8
Heroin	91.4	88.7	2.4	0.3
Inhalants	92.8	78.4	12.7	1.7
Stimulants	92.1	77.1	11.0	4.1
Depressants	91.8	85.6	3.8	2.2
Tranquilizers	90.8	88.4	1.4	1.0

*30 students did not report grade level.

TABLE A3-6B

INCIDENCE OF TAKING DRUGS:
Past Year ExperiencesAggregated School Surveys
Barrow-Kotzebue-Nome
Senior High School*
(N = 278)

Drug	Percent of Sr. H. S. Students Responding	No Experience	Percent of Sr. H. S. Students who Have Tried 1-5 Times	Percent of Sr. H. S. Students who Have Tried 6 or More Times
Marijuana	95.3	21.2	25.9	48.2
Hallucinogens	91.4	84.9	5.0	1.4
Cocaine	92.1	70.9	14.7	6.5
Heroin	90.6	88.8	0.7	1.1
Inhalants	91.0	81.7	8.3	1.0
Stimulants	91.4	65.5	17.6	8.3
Depressants	92.4	82.4	8.6	1.4
Tranquilizers	92.4	85.6	5.4	1.4

*30 students did not report grade level.

TABLE A3-6C

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Studies
Barrow-Kotzebue-Nome
Junior H. S.*
(N = 292)

Drug	Percent of Jr. H. S. Students Responding	Not Tried	Percent of Jr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Jr. H. S. Students who Have Taken Once a Week or More
Marijuana	91.8	52.1	26.0	13.7
Hallucinogens	87.3	84.9	1.7	0.7
Cocaine	88.4	90.3	7.5	1.0
Heroin	88.0	85.6	2.4	0.0
Inhalants	88.4	78.8	7.9	1.7
Stimulants	87.3	75.3	10.6	1.4
Depressants	87.7	82.2	4.8	0.7
Tranquillizers	87.0	84.6	1.4	1.0

*30 students did not report grade level.

TABLE A3-6D

FREQUENCY OF TAKING DRUGS:
Past Year Experiences

Aggregated School Surveys
Barrow-Kotzebue-Nome
Senior H. S.*
(N = 278)

Drug	Percent of Sr. H. S. Students Responding	Not Tried	Percent of Sr. H. S. Students who Have Tried Up to 3 Times a Month	Percent of Sr. H. S. Students who Have Taken Once a Week or More
Marijuana	92.4	28.1	36.0	28.4
Hallucinogens	84.2	82.7	4.7	1.1
Cocaine	88.5	70.5	11.2	3.2
Heroin	88.5	86.3	1.4	0.7
Inhalants	88.8	84.9	2.9	1.1
Stimulants	87.1	69.4	14.0	3.6
Depressants	87.8	80.9	6.1	0.7
Tranquilizers	87.8	83.8	3.2	0.7

*30 students did not report grade level.

TABLE A3-7

DRUG-TAKING BEHAVIOR BY GRADE

Percent Within Each Grade Who Reported
Trying/Taking a Drug

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

<u>Drug</u>	<u>Grade*</u>					
	<u>7</u> (N=108)	<u>8</u> (N=69)	<u>9</u> (N=115)	<u>10</u> (N=109)	<u>11</u> (N=96)	<u>12</u> (N=73)
Marijuana	35.2	39.1	63.4	67.9	75.0	78.9
Hallucinogens	2.8	5.8	10.4	11.0	14.6	9.4
Cocaine	5.6	13.0	13.9	20.2	24.0	39.7
Heroin	0.9	2.9	2.6	1.8	2.1	4.1
Inhalants	11.1	15.9	18.3	14.7	13.5	17.8
Stimulants	9.3	14.5	30.4	22.9	36.5	49.3
Depressants	5.5	7.2	13.0	14.7	10.4	13.7
Tranquilizers	3.7	2.9	7.8	8.3	6.3	8.2

*30 students did not report grade levels.

FIGURE A3-7

EVER TRY MARIJUANA, STIMULANTS OR COCAINE BY GRADE LEVEL

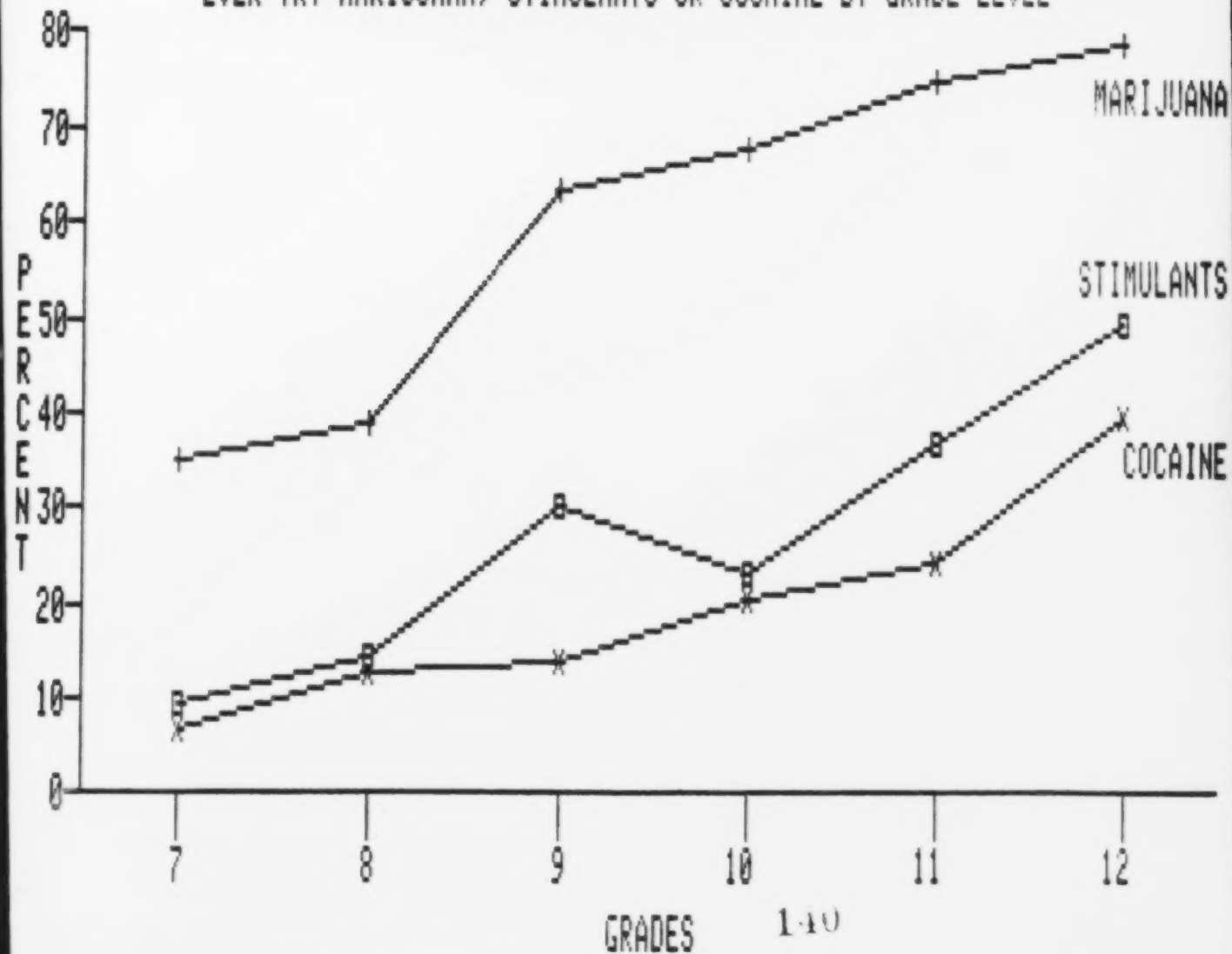


TABLE A3-8

REASONS FOR NOT TRYING OR HAVING STOPPED
EXPERIMENTING WITH PSYCHOACTIVE DRUGS

Aggregated School Surveys
 Barrow-Kotzebue-Nome
 Students Grades 7-12
 (N = 600)

<u>Reasons Given:</u>		<u>For Not Trying Drugs</u>	<u>For Having Stopped</u> <u>Experimenting with Drugs</u>
	<u>Total Number of Students Responding</u>	<u>Percent of Respondents Not Trying for each Reason</u>	<u>Percent of Respondents who Tried and Stopped for each Reason</u>
1. May hurt my body.	523	25.2	38.8
2. May hurt my mind.	523	17.8	46.3
3. May cause addiction.	519	21.4	42.8
4. Friends disapprove.	510	39.4	25.5

TABLE A3-9

DRUG EDUCATION AND TRYING DRUGS

Percent of Students Responding

Aggregated School Survey
Barrow-Kotzebue-Nome
Students Grades 7-12
(N = 600)

<u>Drug</u>	<u>Percent of Students Responding</u>	<u>Have Had Drug Education and Have Tried</u>	<u>Have Had Drug Education and Have Not Tried</u>	<u>Have Not Had Drug Education and Have Tried</u>	<u>Have Not Had Drug Education and Have Not Tried</u>
Marijuana	64.3	42.2	8.3	38.9	10.6
Hallucinogens	15.8	23.2	24.2	28.4	24.2
Cocaine	25.7	29.2	18.8	34.4	17.5
Heroin	7.0	11.9	40.5	11.9	35.7
Inhalants	19.3	36.2	21.6	31.0	11.2
Stimulants	29.7	39.3	11.8	37.1	11.8
Depressants	12.3	44.6	10.8	29.7	14.9
Tranquilizers	7.3	36.4	13.6	38.6	11.4

142

142A

TABLE A3-10

STUDENTS' PERCEPTIONS OF DRUG-TAKING BEHAVIOR

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12

Percent who report that it is*
(N = 557)

Students who:	Impossible to Try	Difficult to Try	Fairly Easy to Try	Easy to Try	Total
Have Tried Drugs	10.1	16.5	26.0	13.1	65.7
Have Not Tried Drugs	12.4	14.2	5.7	2.0	34.3
Total	22.4	30.7	31.8	15.1	100.0

*The difference between classifications is statistically significant:
 $\chi^2 = 72.4$, d.f. = 3, $p < .001$.

Percent of Students who*
(N = 478)

Students who:	Expressed a need for drug education	Expressed no need for drug education	Total
Have Tried Drugs	47.5	19.0	66.5
Have Not Tried Drugs	23.8	9.6	33.5
Total	71.3	28.7	100.0

*The difference between classifications is not statistically significant.

TABLE A3-11

PERCENT OF STUDENTS RESPONDING "TRUE" TO VARIOUS STATEMENTS

Aggregated School Surveys
Barrow-Kotzebue-Nome
By Grade Levels
(N = 600)

Statement	Grades*						Total
	7	8	9	10	11	12	
1. I have missed school because of drug use.	0.7	0.4	2.0	1.6	0.9	2.1	7.7
2. I have had problems in school because of drug use.	0.9	0.2	1.6	1.6	1.3	1.8	7.3
3. My grades have been affected because of the use of drugs.	1.1	0.2	1.1	2.2	2.0	2.0	8.5
4. I have had problems outside of school because of drug use.	1.1	1.4	1.6	2.0	3.1	2.7	11.9

*Each statistic represents the proportion of students within each grade who answered "yes" to each question. The total represents the percent of all students responding "yes" to each question.

TABLE A3-12

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

Surveys: Percent Who Ever Tried Each Drug

Aggregated School Surveys

Barrow-Kotzebue-Nome

Students Grades 7-12

Drug	Total Sample (N=3609)	Anchorage Sitka Nome Barrow Kotzebue (N=2811)	Total Sample Less Anchorage (N=2021)	Bethel Juneau Fairbanks (N=798)	Barrow Kotzebue Nome (N=600)	Anchorage (N=1588)	1982* National Survey of 12-17 Yr. Olds (N=1581)
Marijuana	44.5	50.7	50.8	44.9	58.8	51.4	26.7
Hallucinogens	8.7	8.7	9.4	8.6	9.2	9.4	5.2
Cocaine	18.3	18.5	17.0	17.8	18.0	23.5	6.5
Heroin	2.2	2.1	1.8	2.3	2.2	3.2	<.1
Inhalants	16.5	15.5	17.3	20.1	15.0	18.4	-
Stimulants	27.2	26.9	28.6	28.2	25.8	29.6	6.7
Depressants	14.3	14.6	12.5	13.2	10.5	19.9	5.8
Tranquilizers	11.5	12.0	8.9	9.9	6.3	17.9	4.9
Alcohol	71.7	44.8	65.8	66.2	62.0	82.1	65.2
Tobacco	55.0	34.0	50.9	47.5	54.7	64.9	49.5

*Miller, 1983.

FIGURE A3-12

COMPARISON WITH NATIONAL SURVEY DATA
LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS

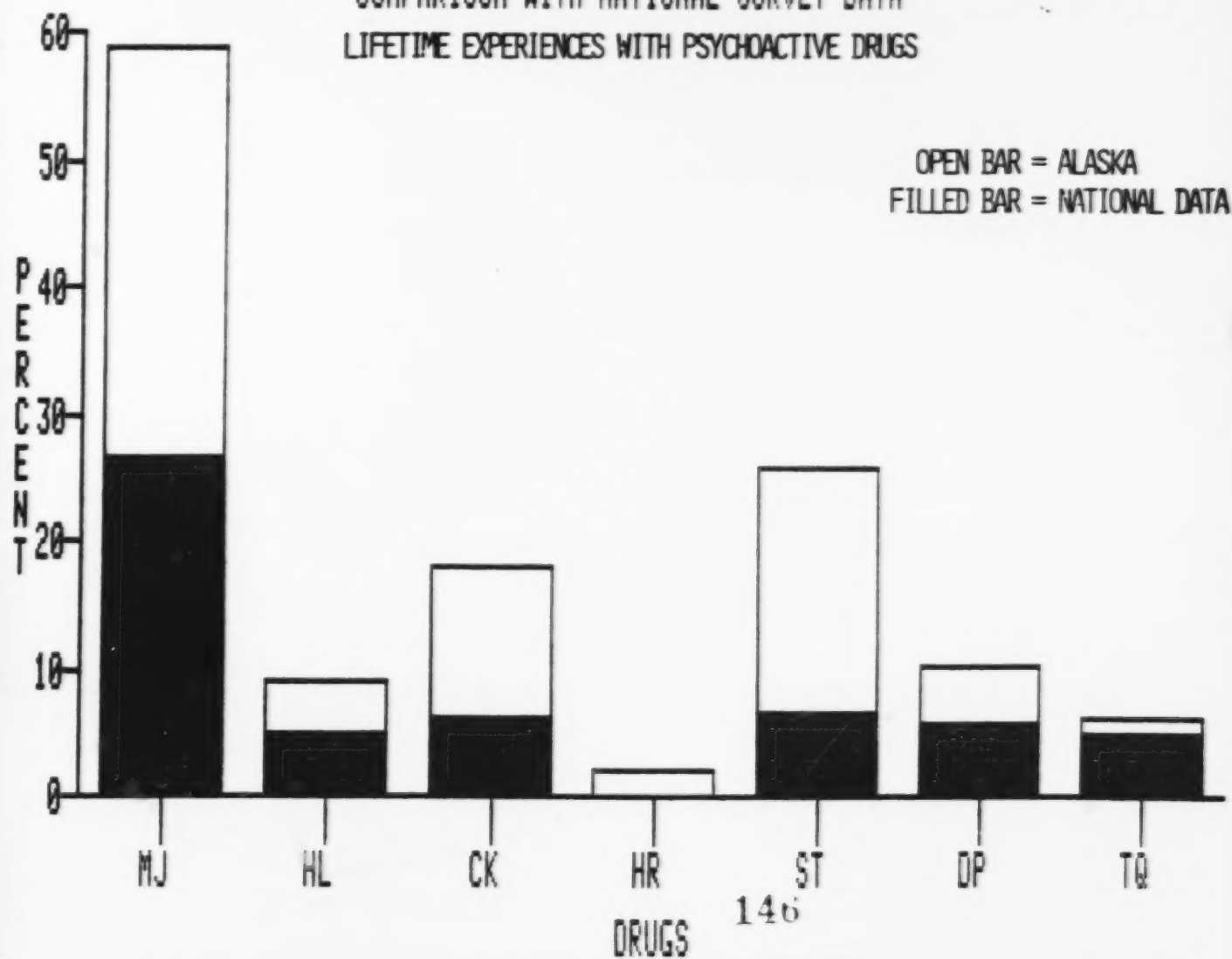


TABLE A3-13

COMPARISONS OF LIFETIME EXPERIENCES WITH PSYCHOACTIVE DRUGS
ALASKAN SENIORS AND NATIONAL STUDENT SURVEY

High School Seniors Who Ever Tried Each Drug

Aggregated School Surveys
Barrow-Kotzebue-Nome
Students Grades 7-12

Drug	Total Sample (N=345)	Anchorage Sitka Barrow Nome Kotzebue (N=277)	Total Sample Less Anchorage (N=215)	Bethel Juneau Fairbanks (N=68)	Barrow Kotzebue Nome (N=73)	Anchorage (N=123)	1982* National Survey of 12-17 Yr. Olds (N=17500)
Marijuana	69.6	77.2	77.2	72.1	78.9	60.2	58.7
Hallucinogens	15.4	17.7	17.7	14.7	9.4	12.2	12.5
Cocaine	37.1	40.0	40.0	42.6	39.7	34.1	16.0
Heroin	1.2	1.4	1.4	0.0	4.1	0.8	1.2
Inhalants	17.4	19.5	19.5	17.6	17.8	14.6	18.0
Stimulants	40.9	48.8	48.8	42.6	49.3	29.3	27.9
Depressants	18.0	17.7	17.7	17.6	13.7	19.5	15.2
Tranquilizers	14.5	12.6	12.6	11.8	8.2	18.7	14.0

*Johnston, Bachman, & O'Malley, 1982.

DISCUSSION OF RESULTS

Part I. Experiences with Psychoactive Drugs

Overview

This chapter contains a summary and discussion of the findings reported in the previous chapter. Because there is so much overlap in the findings, that is, because the results are generally consistent across school districts, all of the findings need not be described separately. Instead, the major findings or trends will be reviewed with respect to the current prevalence of licit drug use (alcohol and tobacco) as well as overall and specific types of illicit drug-taking. Differences among subgroups in the population will be discussed: gender and junior vs. senior high school. Also summarized are key findings regarding grade and drug use, and age of first experiences with mood-altering drugs.

A. Prevalence of Drug-Taking

This part covers the level of drug-taking behavior, including the opportunity to try, trying/taking drugs, use during the past year, and the frequency of use.

1. Opportunity to Try and Trying DrugsTables

T-1
A-1
A1-1
A2-1
A3-1

Figures

T-1
A-1
A1-1
A2-1
A3-1

The opportunity to try drugs is an important factor in the process of beginning illicit drug use. The first table in each data set presents a listing of the results pertaining to having a chance to try the different mood-altering substances, and the percentages of students who actually tried one or more of these substances. The figures in column 1 indicate the number of students who reported having a chance to try a drug. Column 2 represents the percent of the students who have had an opportunity to try each drug. The figures in column 3 represent the number of students who reported having tried a drug, and the statistic in column 4 represents the percent of those who had a chance to try a drug and who actually tried it (column 3 divided by column 1). The data in column 5 represents the percent of students who reported trying a drug.

What can be observed from the data in column 4 is that a large percent of those having an opportunity to try mood-altering drugs do try them one or more times. It is readily apparent that large percentages of students have opportunities to take drugs, and of those who do have the opportunity, a majority will experiment with or take them.

Of the mood-altering substances listed, marijuana, stimulants and cocaine (in descending order) were the drugs students had the greatest opportunity to try. More than three-quarters of the students who had a chance to try marijuana and stimulant type drugs did so when the opportunity presented itself. Over half the students who had a chance to try cocaine also took advantage of the opportunity to try it. The drug with the least opportunity to try was heroin even though over a quarter of the students indicated a chance to try it.

Large percentages of students, in some instances close to three quarters of those surveyed, also had opportunities to try or tried depressants and tranquilizers, while more than half who had opportunities to try inhalants also tried them. Less than half of those who had a chance to try hallucinogens did have an experience with them.

In all, it is evident that many students who have had an opportunity to try drugs do try them. The data tends to suggest that experimenting with and/or taking drugs, such as marijuana, cocaine and stimulants, may be a behavior which is "acceptable" to a large number of students.

2. Lifetime Experiences with Psychoactive Drugs and Past Year Experience

Tables

T-2

A-2

A1-2

A2-2

A3-2

Consistent throughout the results is the finding that alcohol is the substance students have tried/taken most often. Experiences with alcohol range from a low of three-fifths to high of four-fifths of the population, making it clear that alcohol predominates as the "drug of choice."

Tobacco, in the form of cigarettes, has also been tried by over 50% of the students, except for the Bethel, Juneau and Fairbanks samples, in which less than 50% reported having smoked cigarettes. In many instances the percentage of students who report smoking cigarettes is equivalent to the percentage who have tried marijuana.

Of the illicit drugs inquired about, marijuana was the substance experienced by the largest percent of students, with just about half the sample having tried it. Marijuana was also the drug taken most frequently.

Stimulant type drugs follow marijuana as the second most experienced type of chemical substance. Over a quarter of the population has tried it, with a fifth of those who did having done so during the past year.

Cocaine was the third most tried drug, with just under a quarter of the sample having tried it. It also ranks third as the drug most taken during the past year.

Of the remaining drugs, heroin was least tried. Less than three percent in any community had experiences with it, and a large percent of those who tried it did so more than a year ago. Moderate experiences with inhalants and depressant type drugs also occurred, with both being experienced by about a sixth of all students. Hallucinogens were the second least tried drug, with less than 10% of the sample trying. Tranquilizer drugs were also not taken extensively; less than 10% of the sample tried such chemical substances.

3. Incidence and Frequency of Drug-Taking Behavior

Tables

T-3
A-3A
A-3B
A1-3
A2-3A
A2-3B
A3-3A
A3-3B

The survey inquired about the incidence and frequency of students' drug-taking behavior. The question pertaining to these items differed for the Anchorage sample thereby precluding combinations of these items when Anchorage data is used. Thus, some aggregated results report both incidence and frequency data, while others provide only incidence findings. What follows is a generalized summary of the extent to which students reported taking drugs during the past year.

Consistent with the results of the two previous reports, marijuana is the drug taken most frequently, and used by most students on a daily or weekly basis, or less. Stimulants and cocaine are the next most taken drugs but their use tends to be less extensive and less frequent than marijuana; most of the students who have tried them have done so less than 10 times and once a week or

less. Most of the use of the other drugs tends to be more infrequent. In all, except for marijuana, stimulants, and cocaine, use of the other drugs appears to be chiefly experimental. Exceptions to this were reported by very few students.

4. Gender and Drug-Taking Behavior

Tables

T-4

A-4

A1-4

A2-4

A3-4

An analysis of drug-taking behavior by gender was conducted, the results of which appear in the tables listed above this paragraph.

In general, slightly higher proportions of males than females tended to have experiences with mood-altering drugs except for stimulants, which more females tended to take. Interestingly, this pattern of use follows that reported by Johnston et al., (1981) in describing drug use by high school seniors.

B. Selected School Demographics and Drug-Taking Behavior

This section is designed to provide detailed information on the prevalence of drug use with respect to specific school characteristics such as grade level, and junior and senior high school comparisons.

1. Comparison of Junior High and Senior High School Students: Lifetime Experiences with Psychoactive Drugs

Tables

T-5

A-5

A1-5

A2-5

A3-5

Figures

T-5

A-5

A1-5

A2-5

A3-5

The tables cited above contain information contrasting lifetime experiences with mood-altering drugs by junior and senior high school students. Column 1 lists the percent of junior and senior high school students who reported ever

having tried a drug. Column 2 indicates the proportion of junior and senior high students (derived from all students who indicated taking each drug) who tried a drug. Column 3 indicates the percent of the total population who tried a drug.

Inspection of these tables discloses a clear consistency of findings - more senior high school students try drugs than junior high school students, and the differences are statistically significant.

Although drug-taking behavior is more extensive by students in grades 10-12, the pattern of use within the two groups is similar. Marijuana, stimulants and cocaine continue to be the three most tried/taken drugs, and heroin, tranquilizers and hallucinogens are among the least experienced type of drugs. Moderate use of inhalants and depressants is also found.

In all, the nature and pattern of drug-taking behavior within grades 7-9 and 10-12 are similar and consistent with drug-taking behavior in general. More high school students, as a whole, have had significantly more experiences with mood-altering drugs than did their junior high school counterparts.

2. Frequency and Incidence of Drug-Taking Behavior by Junior and Senior High School Students

<u>Tables</u>
T-6A
T-6B
A-6A to
A-6D
A1-6A
A1-6B
A2-6A to
A2-6D
A3-6A to
A3-6D

The set of tables above lists the frequency and incidence of drug-taking behavior by junior and senior high school grade levels. With over 80% of the students responding to these sets of questions, the pattern of drug-use which

has been described continues to prevail. Except for marijuana, which appears to be used by as many as a quarter of the students with some degree of regularity, most use of the other drugs seems to be chiefly limited to less than once a week, and to fewer than six different occasions. Although there are some variations to this pattern, mainly involving stimulants and cocaine, the drug experiences which students have reported appear to have been chiefly experimental.

3. Drug-Taking Behavior by Grade

<u>Tables</u>	<u>Figures</u>
T-7	T-7
A-7	A-7
A1-7	A1-7
A2-7	A2-7
A3-7	A3-7

The proportion of students within each grade who reported ever having tried a drug is described in the tables cited above. The nature of the findings parallel, as might be anticipated, the junior and senior high school comparisons in that, as grade level increases, the percent of students who take/try drugs increases correspondingly. There is a steady increase in experiences with all types of drugs beginning primarily at the eighth grade and rising sharply to peak at grades 11 and 12. Examination of the results reveals that although marijuana, stimulants and cocaine continue to prevail, inhalants also show evidence as being taken by a large percentage of students across grade levels, particularly among those in grades 7-9. What may account for this phenomena is that inhalant substances (such as gasoline, paint thinner, sprays, etc.) are easily obtainable, inexpensive and allow younger students to emulate the "highs" that "older" students obtain by the "hard" drugs which they have greater opportunities to take.

4. Age and First Experiences with Psychoactive Drugs

Table
A-14

Figures
A-14A
A-14B

Contained in Table A-14 is data describing the age at which students reported their first experiences with the different psychoactive drugs. The Anchorage School District sample did not include these questions, thereby precluding incorporation of such findings in the results for all schools. Table A-14 and Figures A14A-B in the Total Less Anchorage data set reports the findings. These findings are presented only within this set of data in order to maintain a sufficiently large number of students so as to allow generalization of the findings.

Inspection of the findings in Table A-14, as and illustrated in the accompanying graphs, reveals that as age increases from 10-12, there is a corresponding, often sharp, increase in first experiences with drugs, peaking at age 13 for most drugs, and at age 14 for hallucinogens and depressants. After age 14, first experiences with drugs vary greatly.

While a decline begins for some, such as marijuana, inhalants, and depressants, there is a reappearing for first experiences with stimulants and cocaine at age 15, with declines in first experiences thereafter.

In all, the total configuration indicates that age and first experiences with drugs represents a non-linear relationship, that is, one does not change as a direct function of the other. Additionally, it is evident that as experiences with some drugs begin to decline, new experiences with other drugs may start. Ages 13 and 15 appear to be the most susceptible to new experiences. Thirteen represents the transition to junior high school, while 15 the transition to senior high school. Thus if experiences with drugs are to take place subsequent

to age 10, the most likely time is when first beginning junior and senior high school. After age 15, which corresponds to the first year of senior high school, first experiences decline sharply, and only a small percentage actually begin at age 18.

Summary of Part I: Experiences with Psychoactive Drugs

In summary, it appears that the nature and pattern of drug-taking behavior reported by students surveyed tends to reflect the rise in use of marijuana and other drugs, especially cocaine, which has characterized American youth in general for over a decade. Of all the psychoactive drugs investigated (marijuana, inhalants, hallucinogens, cocaine, heroin, stimulants, depressants and tranquilizers, together with alcohol and tobacco), alcohol is by far the most commonly taken. Of the other mood-altering drugs, marijuana, stimulants, cocaine and inhalants are taken (in descending order), followed by depressants, tranquilizers, hallucinogens and lastly heroin.

What is evident from the results is that when there is a chance to try a drug, whether it is licit or illicit, a high percentage of students will try it, but such use appears to be mostly experimental and limited. It is also evident that there is a direct relationship between age and grade and drug-taking behavior.

Part II. Drug Experiences and Related Behaviors

This component of the report deals with responses to questions addressing some of the impacts of taking drugs, such as (1) motivations for not trying or for cessation of taking drugs, (2) examining students' perceptions toward drug use, and (3) an analysis of the relationship between drug education and the taking or non-taking of drugs, as well as other analyses.

A. Reasons for Not Trying or Having Stopped Experimenting with Drugs

Tables

T-8

A-8

A1-8

A2-8

A3-8

Several questions in the survey were designed to assess the extent to which students either stopped or did not try drugs. Thus, these questions were not asked uniformly in the surveys and the data in the tables listed above varies as to the number of questions included in each table. Table A-8, however, contains responses to the full set of questions, and is the basis for this summary. The first column in the table is the number of students who responded to the questions. These figures constitute the base from which the statistics in the table have been derived.

1. Reasons for Not Trying Drugs

Of the reasons listed, based on the percent of the total sample, fear of damage to one's mind is the most frequently given reason for not trying a drug. Other important reasons are fear that drugs may hurt one's body, and fear that they may cause addiction. Just over a third responding also did not try drugs because they are illegal, and because it was not important for them to try. Interestingly, friends disapproval is not a major reason for not trying drugs. A small percent of those responding, less than a quarter of the population, did not try drugs because of no opportunity to try.

2. Reasons for Stopping Drugs

Reasons for cessation of taking any type of drugs parallel the pattern established for not trying drugs. Fear of damage to one's mind is primary, and friend's disapproval is the least cited reason for stopping.

In all, it appears that focusing on students' concerns about the potential

adverse psychological and physical consequences of taking drugs may be the most influential way to direct educational/preventional efforts.

B. Drug Education and Drug-Taking Behavior

Tables

T-9

A-9

A1-9

A2-9

A3-9

Most schools in the state have implemented programs directed at providing drug education/prevention lessons whether as part of a specialized curriculum, or as part of a more general health education curriculum. Part of the survey was directed at attempting to assess the relationship between drug education and trying or not trying drugs. It needs to be noted, however, that prior to presenting the results the findings are not definitive but are merely speculative at best. This is because it is not known if students tried or did not try any drug prior or subsequent to being exposed to any type of educational program. The findings, nevertheless, may be helpful to assess something about the relative nature of the relationship between drug use and drug education.

Overall, the results from attempting to assess the importance of drug education or drug-taking behavior yields widely varying results. It appears that in some instances students may have been influenced to not try certain drugs, while in other instances such influences were marginal or ineffective. It appears that if a more definitive assessment of the nature of the relationship between drug education lesson and drug-taking behavior is to be obtained, more specific survey questions will have to be used.

C. Students' Perception of Drug-Taking Behavior

Tables

T-10

A-10

A1-10

A2-10

A3-10

Part of the analysis of the results of the surveys involved the formulation of sets of crosstabulations examining the relationship between (a) students' perceptions of how difficult it is to obtain drugs and trying or not trying drugs, and (b) students' expression of a need for drug education and trying or not trying drugs. The first analysis is applicable to the results that do not contain the Anchorage findings; the question used was not part of the Anchorage survey. The second crosstabulation applies to all school districts.

1. Drug Use and Perception of Ease of Obtaining Drugs

The report of the analysis, for those school districts for which the analysis was conducted, can be found in Part I of the tables listed. As might be anticipated, a clear and statistically significant finding occurred in all cases. Students who tried drugs reported that it is easier to obtain drugs, while students who did not try drugs indicate more difficulty in obtaining drugs. What this finding confirms is that drugs are available for students who are willing to try them. Students not willing to try apparently perceive drugs as being more difficult to obtain. A possible inference to be drawn from this finding is that students who try /take drugs may be associated more closely and thus drugs are more readily available; conversely, those who do not take/try drugs cluster together and drugs are thus less accessible. Research (Huba, Wingood, and Butler, 1979) has suggested that such peer relationships exist, specifying that those who are involved in taking drugs tend to cluster together.

2. Drug-Taking and the Perception of a Need for Drug-Education

Part II of Tables T-10 through A3-10 contains the results of this analysis.

Inspection of these tables shows that on the whole more students who have tried one or more drugs express the highest need for drug education. Students who have not tried drugs expressed the lowest percentage of need for drug education. The differences in the crosstabulations are statistically significant for each of the five sets of tables. What this finding suggests is that those students who try/take drugs are more aware of the nature and extent of "drug use," as evidenced by the results described in Part 1, and therefore perceive of the need for education/prevention lessons. Students not involved with "drugs" apparently express less of an interest in such lessons because they are less inclined to try drugs and see less of a need for such lessons.

D. Possible Impacts of Drug-Taking Behavior

Tables

T-11

A-11

A1-11

A2-11

A3-11

Included in the survey were questions pertaining to potential adverse impacts of drug-taking behavior. Not all questions were asked in each school survey, however, resulting in some data sets containing fewer questions than others.

Overall, there is much variation in response within and between grade levels with respect to the problems reported. Generally, as the grade level increases, so do the proportion of problems, a finding consistent with the relationship between grade and taking drugs. When problems were encountered, they occurred largely outside of the school context. With respect to problems within school, the largest problem was missing school due to drug use, which may have been in the form of suspension. A consistent level of about 8-9% of the students reported having had some form of drug related problem in school.

Part III. Comparison with National Survey Data

The National Institute of Drug Abuse (NIDA) has over the past several years funded a series of national surveys directed at estimating the incidence and prevalence of drug use in the United States. One of the major studies commissioned by NIDA is a series of National Surveys on Drug Abuse which samples household populations in the United States to obtain a measurement of drug use prevalence among those from 12-17 years of age, 18-25, and 26 and over. The current findings from the school surveys will be matched with the most recent findings from the national sample (Miller, 1983) for 12-17 year olds in order to determine how local prevalence rates compare with the national sample.

Another project sponsored by NIDA is a series of studies called "Student Drug Use in America," (Johnston, Bachman & O'Malley, 1982), which has focused on identifying prevalence of drug use among high school seniors. Beginning in 1975, annual surveys of high school seniors were conducted to assess drug-taking behavior. The results of the school survey for seniors will be compared with the most recent survey findings released by the National Institute of Drug Abuse (Johnson et al., 1982).

A. Comparison with the National Household Sample: 12-17 Years Old

<u>Tables</u>	<u>Figures</u>
T-12	T-12
A-12	A-12
Al-12	Al-12
A2-12	A2-12
A3-12	A3-12

Although the national sample is not exactly comparable to the Alaska school sample, some comparisons can nevertheless be made among the groups. The tables listed above contain the results of the lifetime experiences of psychoactive drugs obtained from the five individual data sets, along with the results from the Anchorage school sample. Also listed in the tables are the results obtained

for the 12-17 year old cohort derived from the most recent National Household Survey (Miller, 1983). As may be observed, the figures indicate that except for alcohol and tobacco, the lifetime experience with mood-altering drugs exceeds the levels reported in the national survey. In some cases the ratio is 2:1 or higher. It is apparent that Alaskan youth are experimenting with and/or taking drugs at much higher levels than those in a generally comparable age range in the "lower-48." What is also apparent is the general consistency of prevalence rates within the Alaskan school districts. Although there are some deviations, the general pattern is consistent, thereby attesting reliably to the high level of drug-taking behavior exhibited by Alaskan school age youth.

B. Comparison of High School Seniors

Tables

T-13

A-13

Al-13

A2-13

A3-13

The tables listed above contain a listing of the drug-taking behavior by seniors, together with the most recent report of findings from the National Survey of High School Seniors (Johnson et al., 1982).

As may be observed, Alaska's seniors' experiences with psychoactive chemicals exceeded, in most cases, the rates reported for the national sample of seniors and, in other cases, are generally comparable. Marijuana, hallucinogens, cocaine and stimulants tend to be higher while experiences with heroin, inhalants, depressants and tranquilizers tends to be more comparable with the national statistics.

CONCLUSIONS AND RECOMMENDATIONS

The major objective of this project was to assess the extent, type of patterns, frequency and distribution of drug-taking behavior among school age youth in grades 7-12 in eight locations of the state: Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kotzebue, Nome and Sitka. The results of this undertaking found generally high rates of lifetime experiences with mood-altering drugs among students surveyed. This high level of drug-taking behavior contrasts dramatically with reports from surveys conducted in the "lower 48," which indicate that "American young people are continuing to moderate their use of illicit drugs..." (Johnston et al., 1982, p. 9). Reports from two recent national surveys (Johnston et al., 1982; Miller, 1983) indicate that there have been declines in use of marijuana and in other drugs and a leveling off of cocaine use by youth. Although there is no previous survey data of Alaskan youth to compare trends, a comparison of current findings of Alaskan youth with their counterparts in the "lower 48" shows considerably higher levels of drug use, except for heroin, which is just slightly higher.

One factor which may contribute to the extensive differences found between the National Survey of 12-17 year olds and Alaskan youth may be related to differences in methodology. The National Survey conducted face-to-face interviews while our procedure involved anonymous responses to questionnaires. It may be that when youth are selected from a general population and interviewed, the reports of prevalence of drug use may be more guarded than when responding anonymously to a survey.

Prior to elaborating on these findings it should be restated that it is not known whether the students who report having tried a drug actually took the drug, that is, whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical. The important fact, however, is that students apparently believe that they took the reported drug. Also, students, whether taking real or substitute drugs, were involved in drug-taking behavior.

What is evident in the results is that when there is an opportunity to try a drug, particularly marijuana, large percentages of those students having the chance will try it. The question which arises is, Why is the opportunity to try drugs so very high among junior and senior high school students?

A factor which seemingly contributes to the high prevalence rates reported in our study is that drugs are generally available in the state, a phenomena which is supported by anecdotal evidence. The drugs which are available - albeit illegally - find their way down to adolescents and early teenagers who are willing to try them. Additionally, it also appears that these youngsters can afford to buy the available drugs.

Thus, with apparent opportunities to try, students are trying/taking drugs, and the number of students reporting such experiences is high. The pattern of drug use generally follows the pattern described for the "lower 48." Marijuana is the most frequently tried/taken drug, followed by experiences with stimulants and cocaine. While experiences with the other drugs vary, a consistency exists in that heroin is the least tried. In all, the findings indicate that at least half of all students are likely to try marijuana and/or some other drug by the time of high school graduation. More than 75% of students will have also have tried/consumed alcohol prior to their graduation from high school. Most of the "hard" drug use, however, will be experimental.

The important question is, Why do so many students experiment with and/or

take drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine, have become incorporated into the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. It appears that adolescent drug use may, to a large extent, be related to the attitudes and behaviors found in the larger adult society. Simply put, the "kids" do what the adults are doing!

Related to this "imitation" phenomena is what may be called a "curiosity" motive for trying drugs. This motive is discussed in greater detail in the Anchorage School District Report (see Appendix 2), in which an analysis of students' motives for trying/taking drugs was completed. Briefly, a common reason for many youngsters to try mood-altering drugs is curiosity -- just to see what it is like. Many students try a drug once, or several times, with no intention to continue use in the future. However, this motive may not be totally applicable to use of alcohol, cigarettes, marijuana and, to a lesser extent, stimulants and cocaine.

Another reason for the trying/taking of drugs, interrelated with the "curiosity" motive, is a willingness to seek new and different experiences. This motive was found to prevail within the Anchorage School sample and has been reported in other research (Segal, 1982; 1983, in press). Drugs do provide a new and different experience; some students seem to find it rewarding or gratifying whereas others do not find it pleasurable.

Some youngsters may use mood-altering drugs to gain the ability to cope with personal problems and/or stress. Drugs may not only temporarily help one to

escape from personal discomfort, but they also help to delay having to deal with conflict or stress. This motive for taking drugs has been found consistently in research investigating both adolescent and adult drug-taking behavior (Jessor & Jessor, 1977; Segal, Huba, & Singer, 1980). It is unlikely that the high level of drug use found in this study is attributable to this motive, but it is possible that a small percentage of students, particularly those who take a variety of drugs with some degree of frequency, may be using drugs to "feel better" as well as to feel "high."

An important finding in this study is that age, opportunity to try and first experiences with mood-altering drugs are significantly interrelated and also vary greatly for each drug. As experiences with some drugs, such as marijuana, begin to taper off, first experiences with other drugs, such as cocaine, tend to increase. The relationship between age and first experiences with drugs is revealing itself to be curvilinear, that is, a relationship which can change direction at any given age level for any given drug. The most frequent ages for trying drugs are 13 and 15, which are related to beginning junior and senior high school. It may be, as advocated within some recent research literature (Huba, Winegard and Bentler, 1979; Segal, 1983; Segal, Huba and Singer, 1980; Segal, Cromer, Hobfoll and Wasserman, 1982) that drug-taking behavior by adolescents is mainly experimental and is in large part "normative" and unrelated to any pattern of deviance or serious emotional distress.

Another interesting finding which characterizes the Alaskan findings (as discussed more fully in the Anchorage School District Report) is that peer pressure or influences do not appear to be as significant a factor as is reported in other studies (Jessor & Jessor, 1977; Kandell, Kessler, & Margulies,

1978). Why this is the case is not totally clear; it may be that drug-taking behavior has become so acceptable among all youth that the traditional schism between "users" and "nonusers" no longer exists, thereby making it unnecessary for those who take drugs to seek mutual support from others who take drugs. Additionally, the generally widespread use of drugs may offset any special status attributable to those who take drugs, thus reducing the peer influences to try or not try drugs.

In summary, it is evident that drug-taking behavior is attributable to many interrelated factors, some exerting greater influences than others at different points during one's secondary school career. Further research is needed to focus more specifically on students' perceptions of why they take drugs and the particular expectations that they have of what drugs will do for them.

The results of the present study have a number of implications concerning drug education/prevention programs. One important consideration is that the students perceive a need for such programs, particularly the ones who have had experiences with psychoactive drugs. This finding suggests that the students may be inferring that if other students are "educated," or if they themselves learned more about "drugs," the risks of taking drugs may be reduced. It is presumed that presentation of information regarding the "dangers" and risks of taking drugs, especially in light of the findings that most students fear the harmful psychological and physical effects of taking drugs, can help to lessen the curiosity to experience the anticipated sensations which drugs can engender. The issue becomes one of how to develop and implement an effective drug education/prevention program. This question is one which educators and researchers have been struggling with for over a decade. While the evidence supports the continued need for educational efforts (Wepner, 1979), it is apparent that such programs generally tend to restrain young persons who were

not inclined to try drugs in the first place. The major problem is how to identify those who are at greater risk of trying drugs. A variety of drug education/prevention programs have been implemented over the country, each to a large extent providing a uniform curriculum across age and grade level.

An important implication concerning drug education from the foregoing analysis of age/grade trends is that different prevention goals should be devised for different points in the incidence and prevalence curves. The most logical starting point is that age in the curve at which positive acceleration begins in the prevalence curve. Prior to this point prevention efforts should focus on delaying or preventing the onset of nonmedical taking of mood-altering drugs, and/or extrafamilial alcohol consumption. After this point intensive prevention efforts should concentrate on the reduction of prevalence, giving special emphasis to multiple substance use, frequency of drinking, regular use of marijuana, and on reducing the trying/taking of stimulants and cocaine. Emphasis should also be given to other types of mood-altering drugs, capitalizing on the apparent self-moderating factors that appear to already be "at work" with students to avoid taking drugs perceived as particularly harmful. What is needed is the involvement of a rational program of drug education/prevention - a program derived from an informational base which provides data on the prevalence and developmental trends of drug-taking behavior and on some of the psychosocial aspects related to use and nonuse of mood-altering drugs. This data base can serve as a conceptual basis for prevention strategies designed to prevent and reduce drug-taking behavior by school age youth.

Another important implication of the findings concerns the issue of availability of mood-altering drugs. It should be noted that if a reduction of experimentation with and continued use of drugs is to be achieved, the availabi-

lity of drugs needs to be reduced. There is, however, no easy solution to achieving such a reduction.

The recent history of attempts to address drug use in the United States has tended to deal with the problem through strong legislation aimed at reducing "drugs on the street" by increasing penalties for possession and use of drugs. Such an approach has led to a preoccupation with and elaboration of penalties associated with drug use which has not generally resulted in an overall reduction of "drug problems." Rather than focusing only on the elimination of drugs by legislation, efforts also have to be directed toward focusing on people and the circumstances which contribute to their use of drugs. It has been shown that the "legal" approach to drug misuse puts an unfair and sometimes overwhelming burden on the justice system, leading to the unrealistic expectation that this system will eliminate the problem.

Legal measures can only be effective if society perceives them to be reasonable and realistic. The experience of decades of having to confront drug use in this country makes it clear that without a comprehensive approach the likelihood of reducing drug use is low. This comprehensive approach, requires the joining together of legal, social, education and legislative bodies to pool resources, experiences and knowledge to develop an integrated, comprehensive and relevant approach to address problems of drug use in the community, as well as focusing on the drug-taking behavior of school age youth.

The accomplishment of the above goal requires that a price be paid. This price lies in the implications for policy decisions made by local and state governmental bodies regarding drug use. With respect to youth, in order to prevent the taking of drugs prior to the age at which most of the experimentation with and continued use of drugs occurs, and in order to reduce the incidence and prevalence thereafter, governmental bodies will have to appropriate program

funds. The level of funds will have to be sufficient to allow systematic research and comprehensive program development to be initiated, implemented, and evaluated over a period of time. Legislators and other governmental officials will also need to realize that the efforts of prevention programs are difficult to assess, especially since the effects may not be immediate. Efforts directed at fourth graders, for example, may not be realized until students reach junior high school, where exposure to drugs becomes more widespread and where influences to try drugs exert themselves. Additionally, the importance of drug education/prevention efforts directed at those students in the peak years of drug experimentation may not be fully realized until they reach young adulthood. What is important is the understanding that an investment in a rational educational/prevention program subject to ongoing evaluation, while costly at the point of initial undertaking, can save costs associated with health, social and legal consequences. Only through the acceptance and commitment to alter the attitudes and behaviors of the next generation can a reversal in the trend to take drugs be achieved.

List of References

- Huba, G., J. Wingard, & P. Bentler. Applications of a theory of drug use to prevention programs. Journal of Drug Education, 1980:10, 25-38.
- Jessor, R. and S. Jessor. Problem Behavior and Psychosocial Development. New York: Academic Press, 1977.
- Johnston, L., J. Bachman, & P. O'Mally. Student drug use, attitudes and beliefs. Washington, D.C.: NIDA, 1982.
- Johnston, L., J. Bachman, & P. O'Mally. Highlights from student drug use in America. 1975-1981, Washington, D.C.: NIDA, 1981.
- Kandel, D.B., R.C. Kessler, & R.Z. Margulies. Antecedents of adolescent initiation into stages of drug use: A developmental analysis. In D.B. Kandel (ed.), Longitudinal Research on Drug Use: Empirical Findings and Methodological Issues. Washington, D.C.: Hemisphere, 1978.
- Miller, J.D., & I.H. Cisin. National Survey on Drug Abuse: Main Findings. Washington, D.C.: NIDA, 1982 (in preparation).
- Richards, L.G. Demographic Trends and Drug Abuse, 1980-1995. Washington, D.C.: NIDA Research Monograph No. 35, 1981.
- Segal, B. Psychological aspects of drug-taking behavior. International Journal of the Addictions, 1983, 18, 611-615.
- Segal, B., F. Cromer, S.S. Hobfoll, & P.Z. Wasserman. Patterns of reasons for drug use among detained and adjudicated juveniles. International Journal of the Addictions, 1982, 17, 1117-1130.
- Segal, B., G. Huba, & J. Singer. Drugs, daydreaming & personality. Hillsdale, N.J.: Lawrence Erlbaum Associates, 1980.
- Wepner, S. Which Way Drug Education? Journal of Drug Education. 1979, 9, 93-103.

A P P E N D I X I

Survey Instruments

SURVEY INSTRUMENT DIFFERENCES

1. Anchorage

The Anchorage School District Research was a cooperative effort by both the Assessment and Evaluation Department of the Anchorage School District and the Center for Alcohol and Addiction Studies. The instrument was developed to meet both the needs of the Anchorage School District and to provide data that could be used in the statewide survey of student drug use. Therefore, the format and some of the questions differ from the instrument used in the other selected school districts.

2. Barrow, Nome, Sitka, Juneau, Fairbanks, Bethel, Kotzebue

Since each school district was encouraged to review the instrument and suggest changes that would be useful for their district, there are slight modifications of the questionnaire. Sitka and Nome adopted the enclosed survey instrument in total. Bethel used all of the questions except question #21 which read:

People use drugs for many reasons. Below is a list of drugs and some reasons people give for using drugs. If you have never tried any of the drugs, please skip to question 22. If you have tried any of the drugs listed below, tell us whether it was for any of these reasons. Read each item and check the statement which best describes you. Please answer every item.

The same questionnaire was used in Barrow, Kotzebue, Fairbanks and Juneau. It does not have the following questions:

- (3-B) How many different times have you used alcohol in the past year?
- (3-C) How old were you when you first tried it?
- (3-D) When was the last time you tried it?
- (3-E) The following questions are about some things which may or may not have happened to you. Please circle whether each statement is true or false for you. (All statements omitted.)
- (4) If you have never tried or have stopped using alcoholic beverages, was it for any of the following reasons? Please circle either yes or no for each item. (All reasons omitted.)
- (7) If you have never tried or have stopped using cigarettes, chewing tobacco, or smokeless tobacco, was it for any of the following reasons? Please circle either yes or not for each item. (All reasons omitted.)

DRUG USE SURVEY

1982

Anchorage School District

FOREWORD

This is a survey to help find out about student experience with drugs. The State of Alaska and the Anchorage School District would like to know about student experience to help plan the future of drug education programs.

Your response to any of the questions is voluntary. Do not answer any question which you wish not to answer. However, your ideas and opinions are important even if you have never used any of the drugs included in this survey. Please read each question and answer each question as completely and accurately as you can.

This survey is completely anonymous. No individual student can be identified. The answers you give are confidential and will only be reported with the scores of all students.

Thank you for your help. Your answers will help plan what will happen in the future.

If you have any questions about the survey or how the results will be used, please call.

Assessment and Evaluation Department
Anchorage School District
4600 DeBarr Avenue
Anchorage, Alaska 99502

AI-2

This is background information which will indicate if you have been enrolled in a school where drug/alcohol lessons have been taught.

1. My current school is: (circle one)

Bartlett	East	Service
Career Center	Romig	Steller
Chugiak	SAVE I	Wendler
Clark	SAVE II	West
Dimond	Search	

2. My current grade is: (circle one)

7 8 9 10 11 12

3. My sex is: (circle one)

Male Female

4. My age is:

_____ years

_____ months

5. Indicate below where you attended school in Anchorage for each grade. If you were in more than one school for a grade give the names of each school. If you were not in school in Anchorage, just leave the line next to the grade blank.

Grade	School	Grade	School
12	_____	7	_____
11	_____	6	_____
10	_____	5	_____
9	_____	4	_____
8	_____		

6. Did you have any drug/alcohol education lessons as part of any class this year? (Circle)

	Yes	No	Don't Know	
99.4	41.0	51.7	7.4	±2.1

7. Did you have any drug/alcohol education lessons as part of any class last school year?					
99.2	Yes 39.5	No 44.5	Don't Know 15.9		±2.4
8. Did you have any drug/alcohol education lessons as part of any class the year before last?					
98.8	Yes 72.8	No 14.3	Don't Know 12.8		±2.2
9. Do you believe that there is a need for drug/alcohol education programs in your school?					
66.4	Yes 36.7	No 21.0	Don't Know 42.3		±3.1
10. Right now, drug use in my school seems to be:					
	A Serious Problem	A Moderate Problem	A Small Problem	No Problem	Don't Know
98.3	10.3	38.6	26.1	9.7	15.3 ±2.4
11. The following questions are about things which may have or may not have happened to you. Please circle whether each statement is true or false for you.					
99.3	I have missed school because of drug use.		T 10.2	F 89.8	±1.5
98.9	I have had problems in school because of drug use.		9.2	90.8	±1.4
98.8	I know people who have illegal drugs.		71.7	28.3	±2.2
99.1	I have had problems outside of school because of drug use.		11.6	88.4	±1.6
99.1	I have been questioned about drug use by teachers, school administrators, or the police.		13.3	86.7	±1.7
96.7	I have never had any kind of problem at school because of drug use.		73.3	26.7	±2.2
12. Are you aware that there are rules against drug use at school?					
97.6	Yes 97.2	No 2.8	±1.10		

13. Have you ever had the chance to try any of the drugs listed below? Check all that were possible.

64.3	Marijuana (pot, hash)	±2.2	22.2	Sedatives (downers)	±2.0
27.0	Inhalants (glue, etc.)	±2.1	19.3	Tranquilizers (librium, valium, etc.)	±1.9
11.7	Hallucinogens (LSD, PCP)	±1.5	83.9	Alcohol (beer, wine liquor)	±1.8
27.2	Cocaine (coke)	±2.1	71.6	Tobacco (cigarettes, chew, etc.)	±2.2
5.2	Heroin (smack)	±1.0	32.2	Stimulants (uppers)	±2.2

14. How many times have you ever used any of the drugs listed below? Check the column that best describes your experience(s).

		No Times	1-2 Times	3-5 Times	6-9 Times	10-19 Times	20-39 Times	40+ Times	
92.4	Marijuana (pot, hash)	49.3	13.0	6.1	5.0	4.0	4.9	17.9	±2.4
83.8	Inhalants (glue, etc.)	82.2	8.7	3.9	1.4	0.8	0.5	2.3	±2.1
82.0	Hallucinogens (LSD, PCP)	90.8	4.7	1.7	0.8	0.6	0.4	1.0	±1.9
85.1	Cocaine (coke)	76.1	9.9	4.4	2.7	2.7	1.2	3.0	±2.2
81.4	Heroin (smack)	97.3	0.9	0.3	0.3	0.3	0.2	0.9	±1.9
85.5	Stimulants (uppers)	71.0	10.1	5.6	4.3	2.7	1.5	4.8	±2.4
82.7	Sedatives (downers)	80.4	8.3	3.6	2.1	2.6	0.8	2.2	±2.1
82.3	Tranquilizers (librium, valium, etc.)	82.5	8.3	3.3	2.0	1.2	1.0	1.7	±2.1
96.1	Alcohol (beer, wine, liquor)	17.9	15.3	12.4	8.3	10.4	6.6	29.1	±2.2
92.2	Tobacco (cigarettes, chew, etc.)	35.9	18.8	8.9	5.0	5.6	3.3	22.6	±2.5

15. Here is a list of various drugs. Please read through the list and check the columns which apply to you if you have ever taken any of them without a prescription during the past year.

		About once a month or less	About two or three times a month	About once a week	A few times a week	About once a day	More than once a day	Never Used	
91.0	Marijuana (pot, hash)	20.9	7.6	4.4	6.6	3.2	2.2	55.1	±2.5
84.2	Inhalants (glue, etc.)	10.1	1.3	0.5	0.5	0.4	0.1	87.1	±1.8
83.5	Hallucinogens (LSD, PCP)	6.2	0.8	0.2	0.2	0.1	0.4	92.2	±1.9
85.5	Cocaine (coke)	15.3	3.7	0.6	1.0	0.6	0.4	78.4	±2.2
83.3	Heroin (smack)	2.5	0.2	0.1	0.1	0.3	0.3	96.5	±1.9
85.4	Stimulants (uppers)	14.9	4.7	2.3	2.0	0.7	1.0	74.5	±2.3
84.1	Sedatives (downers)	10.4	3.2	1.0	0.9	0.3	0.5	83.7	±2.0
83.2	Tranquilizers (librium, valium, etc.)	10.5	2.0	1.1	0.3	0.2	0.4	85.6	±1.9
93.4	Alcohol (beer, wine, liquor)	31.1	17.7	11.5	10.7	2.1	1.9	25.0	±2.4
89.4	Tobacco (cigarettes, chew, etc.)	23.3	4.2	2.1	3.3	3.1	13.4	50.6	±2.6

16. People use drugs for many reasons. Listed below are some reasons people give for using drugs. As you read each one, circle the number which is true of you. Please answer every item.

(Examples: 1 Circle this number if a statement is never true of you.
3 Circle this number if a statement is sometimes true of you.)

		Never true of me	Rarely true of me	Sometimes true of me	Often true of me	Always true of me	
	I have used drugs-						
93.6	-To experience something new and exciting.....	52.8	16.9	19.8	7.5	3.0	±2.5
93.1	-To get better insight into myself....	81.7	9.5	5.7	2.2	0.9	±2.0
93.3	-To experience the high.....	53.1	11.0	13.2	13.4	9.4	±2.4
93.6	-To satisfy my curiosity about what its like.....	49.8	18.2	16.7	10.0	5.3	±2.5
93.2	-To overcome feelings of boredom or depression.....	68.4	8.5	10.7	8.4	4.1	±2.3
93.1	-To give me more pep or energy.....	67.5	9.8	11.1	7.8	3.8	±2.3
93.4	-To relieve anxiety or tension.....	67.9	9.3	11.5	7.4	3.9	±2.3
93.3	-To be more creative.....	80.2	9.2	6.4	2.8	1.5	±2.0
93.1	-To relate better to my friends.....	76.7	10.8	7.4	3.1	2.0	±2.1
93.0	-To expand my awareness and understanding of things.....	83.3	9.7	4.3	1.5	1.3	±1.9
93.3	-To relax.....	62.8	10.1	13.3	8.4	5.4	±2.4
93.2	-To be part of a group.....	68.8	13.9	11.1	4.1	2.1	±2.3
93.2	-To get away from problems and troubles	73.4	9.1	9.0	4.7	3.8	±2.2

	I have used drugs-	Never true of me	Rarely true of me	Sometimes true of me	Often true of me	Always true of me	
93.4	-To have a good time with friends.....	53.8	10.6	16.1	12.9	6.7	±2.5
93.4	-Because of anger or frustration.....	73.9	10.7	8.5	4.2	2.7	±2.2
93.3	-Just feel like it.....	52.3	12.3	15.6	12.1	7.7	±2.5
93.1	-Because my friends encouraged me to..	73.4	14.6	7.8	2.7	1.5	±2.2
93.1	-To increase the effects of other drug(s).....	89.5	4.8	3.5	0.9	1.4	±1.5
92.9	-To decrease the effects of other drug(s).....	91.8	5.1	1.9	0.8	0.4	±1.4

17. If you have ever used or tried a drug, and are no longer using it, why did you stop? Circle each item as it applies to you.

		Not Important to me	Somewhat Important to me	Moderately Important to me	Very Important to me	
64.1	-Unavailable-hard to get.....	80.5	8.4	5.2	5.9	±2.5
64.6	-Costs too much money.....	65.4	11.7	9.6	13.3	±3.0
64.7	-It's illegal.....	56.8	12.8	8.2	22.2	±3.1
63.7	-Don't know about the effects.....	50.8	12.8	9.1	27.4	±3.2
64.2	-Fear of being arrested.....	52.1	13.5	9.8	24.6	±3.2
64.0	-Fear of jail.....	54.5	9.9	9.5	26.1	±3.2
65.3	-Fear of damage to body/health....	31.0	11.9	10.8	46.3	±3.1
65.2	-Fear of damage to mind.....	31.9	8.7	12.1	47.3	±3.2
64.8	-Fear of becoming dependent on it.	37.0	11.1	9.9	42.0	±3.1

		Not Important to me	Somewhat Important to me	Moderately Important to me	Very Important to me	
64.0	-Personal religious beliefs.....	64.1	12.6	9.6	13.8	±3.0
0.0	-Pressure from family.....	-	-	-	-	-
63.4	-Pressure from friends.....	64.1	16.1	9.9	9.9	±3.0
63.3	-I lost interest in it-curiosity was satisfied.....	53.6	15.9	12.4	18.1	±3.2
61.9	-I had a bad experience with it...	65.8	9.3	8.0	16.9	±3.1
61.8	-I started using other drugs.....	77.4	8.9	5.2	8.5	±2.6
61.8	-Didn't get that much effect from it.....	69.3	13.2	7.9	9.6	±3.0

18. These questions are about what you might do in the future.
Check the column that best describes what you might do if
you have a chance to use the following drugs.

		I definitely will	I probably will	I probably will not	I definitely will not	
96.4	Marijuana (pot, hash)	12.7	20.1	19.7	47.4	±2.5
94.7	Inhalants (glue, etc.)	1.9	4.1	13.4	80.6	±1.9
94.6	Hallucinogens (LSD, PCP)	1.9	3.9	9.0	85.2	±1.8
95.1	Cocaine (coke)	7.3	11.2	11.5	70.1	±2.3
94.7	Heroin (smack)	1.7	1.7	7.1	89.5	±1.7
95.0	Stimulants (uppers)	3.7	13.0	14.7	68.6	±2.3
94.6	Sedatives (downers)	2.5	8.0	15.3	74.2	±2.2

		I definitely will	I probably will	I probably will not	I definitely will not	
94.3	Tranquilizers (librium, valium, etc.)	2.7	7.4	14.2	75.8	±2.2
96.5	Alcohol (beer, wine, liquor)	30.3	38.2	15.3	16.2	±2.4
95.2	Tobacco (cigarettes, chew, etc.)	14.3	14.2	18.0	53.5	±2.5
19. Were you ever in a class where there were specific lessons on any of the drugs listed below? Please check any drugs which may have been covered.						
77.1	Marijuana (pot, hash)	±2.0	57.7	Stimulants (uppers)		±2.4
39.7	Inhalants (glue, etc.)	±2.4	55.8	Sedatives (downers)		±2.4
61.3	Hallucinogens (LSD, PCP)	±2.3	48.8	Tranquilizers (librium, valium, etc.)		±2.4
60.6	Cocaine (coke)	±2.4	78.9	Alcohol (beer, wine, liquor)		±2.0
56.7	Heroin (smack)	±2.4	69.4	Tobacco (cigarettes chew, etc.)		±2.2
20. Were any lessons helpful in making the decision not to use any of the drugs listed below? Check any drugs you have decided not to use.						
50.0	Marijuana (pot, hash)	±2.4	61.8	Stimulants (uppers)		±2.4
38.1	Inhalants (glue, etc.)	±2.3	67.1	Sedatives (downers)		±2.3
75.4	Hallucinogens (LSD, PCP)	±2.1	67.8	Tranquilizers (librium, valium, etc.)		±2.3
64.0	Cocaine (coke)	±2.3	29.4	Alcohol (beer, wine, liquor)		±2.2
77.6	Heroin (smack)	±2.1	54.9	Tobacco (cigarettes chew, etc.)		±2.4

21. Were you ever involved in any lesson that taught you how to cope with the opportunity to use drugs and/or how to cope with others use of drugs?

94.4 Yes 48.3 No 51.7 ±2.5

If the answer is yes, did you ever, as a result of a lesson, choose not to try any of the following drug(s)? (Check all that apply to you)

23.7	Marijuana (pot, hash)	±2.0	29.7	Stimulants (uppers)	±2.2
33.8	Inhalants (glue, etc.)	±2.3	31.9	Sedatives (downers)	±2.2
36.9	Hallucinogens (LSD, PCP)	±2.3	32.5	Tranquilizers (librium, valium, etc.)	±2.3
31.2	Cocaine (coke)	±2.2	14.5	Alcohol (beer, wine, liquor)	±1.7
37.4	Heroin (smack)	±2.3	22.8	Tobacco (cigarettes, chew, etc.)	±2.0

22. The following questions concern some different feelings or experiences of people. Read each item and check the statement which corresponds to the extent the item applies to you. Please answer each item.

		Always true of me	Often true of me	Sometimes true of me	Rarely true of me	Never true of me	
94.9	-I daydream a lot about the things I would like to do.....	20.9	28.1	32.3	12.6	6.0	±2.4
94.2	-Sometimes I miss out on good times because I don't want to take the risk of getting hurt.....	7.9	16.9	28.2	28.7	18.3	±2.3
93.6	-I enjoy the fast pace and changes of today's world.....	11.7	19.7	34.6	20.0	13.9	±2.4
94.0	-A lot of times I feel lonely.....	7.2	14.7	26.9	35.4	16.0	±2.4
94.4	-There is always someone I can turn to if I need help.....	55.3	18.3	14.4	6.5	5.6	±2.5

		Always true of me	Often true of me	Sometimes true of me	Rarely true of me	Never true of me	
94.1	-I am eager to leave home and live on my own--independent from my parents.....	16.3	18.7	28.7	20.0	16.2	±2.3
93.8	-I often feel left out of things...	6.2	11.2	30.3	35.9	16.3	±2.5
94.1	-I think that people who don't take any risks must have pretty dull lives.....	11.7	15.2	23.6	23.1	26.4	±2.2
93.7	-I feel hesitant about taking a full-time job and becoming part of the "adult world".....	7.1	10.6	23.6	24.5	34.3	±2.4
93.5	-There is usually someone I can talk to, if I need to.....	52.9	20.6	13.5	7.2	5.9	±2.5
93.9	-I get a real kick out of doing things that are a little dangerous.....	9.6	14.9	28.3	27.9	19.4	±2.3
93.1	-I think the times ahead for me will be tougher and less fun than things are now.....	10.7	18.1	28.8	25.4	17.0	±2.3
93.4	-I like to test myself every now and then by doing something risky.....	8.0	12.3	21.5	31.2	27.1	±2.4
93.8	-I often wish I had more good friends.....	17.8	18.0	25.1	20.1	19.0	±2.2
93.2	-I often act on the spur of the moment without stopping to think.....	11.3	20.5	28.0	27.5	12.7	±2.3
93.1	-I often spend more money than I think I should.....	21.4	23.6	25.4	17.4	12.3	±2.2
93.4	-I often change my mind rather quickly.....	10.0	13.8	33.7	33.6	8.9	±2.4
93.1	-I do many things which I regret afterwards.....	10.5	13.7	29.1	35.9	10.9	±2.3
93.2	-I usually have a few friends around that I can get together with.....	29.4	36.2	20.4	8.1	6.0	±2.5
92.8	-In my imagination, I see myself as doing brave or dangerous things which I would not ordinarily do...	9.4	13.1	22.7	30.1	23.8	±2.4

23. You are in a situation where you can smoke a cigarette without anyone knowing but yourself and your two best friends.

What are some of the things you would think about in choosing to smoke or not to smoke? (List as many as you can)

0 Reasons Cited 19.8

1 Reasons Cited 9.5

2 Reasons Cited 13.1

3 Reasons Cited 16.3

4 Reasons Cited 14.4

5 Reasons Cited 12.2

6 Reasons Cited 5.5

7 Reasons Cited 3.1

8 Reasons Cited 6.1

Which of the things that you listed are the most important in choosing to smoke or not to smoke?

0 Reasons Cited 4.3

1 Reasons Cited 23.6

2 Reasons Cited 66.6

3 Reasons Cited 5.5

Would you choose to smoke?

84.7

Yes 16.6

No 83.4

±2.0

24. You are in a situation where you can smoke some marijuana without anyone but yourself and two of your best friends.

What are some of the things you would think about in choosing to smoke or not to smoke the marijuana? (List as many as you can)

0 Reasons Cited 30.2

1 Reasons Cited 14.5

2 Reasons Cited 15.1

3 Reasons Cited 15.4

4 Reasons Cited 11.2

5 Reasons Cited 5.0

6 Reasons Cited 3.6

7 Reasons Cited 2.2

8 Reasons Cited 2.9

Would you choose to smoke the marijuana?

84.6	Yes	28.7	No	71.3	±2.4
------	-----	------	----	------	------

25. If a course were offered at senior high level entitled "Coping With Life" that focused on helping students deal with problems they might be facing, would you desire any of the following topics to be included? Check each which you would include. Add any other topics you would suggest.

68.2	Understanding how to deal with feelings of depression, anger, rejection, and loneliness.	±2.3
------	--	------

65.5	Understanding yourself and others.	±2.3
------	------------------------------------	------

51.3	Understanding the advantages/disadvantages of belonging to a social group.	±2.4
------	--	------

62.0	Balancing the need to be dependent/independent of others.	±2.4
------	---	------

Check each which you would include. Add any other topics you would suggest.		
62.8	Developing skills that help in making decisions for life.	±2.4
41.8	Understanding the impact of prejudice.	±2.4
60.3	Coping with pressures to be involved in drugs, etc.	±2.4
58.9	Discussing how to deal with aging, death, and suicide.	±2.4
61.0	Adjusting to changes in relationships with parents.	±2.3
55.2	Dealing with conflicts effectively.	±2.4
46.9	Assessing characters of a successful relationship.	±2.4
59.1	Discussing the quality of love and how to deal with its presence or absence in a relationship.	±2.4
54.0	Develop skills that may be applied to parenthood.	±2.4
12.0	Others:	±1.5
26. Why do you think that people use illegal drugs?		
	81.3% Provided an answer	±1.9
27. What do you think should be included in the drug/alcohol education program to help students make responsible decisions about drug/alcohol use?		
	56.5% Provided an Answer	±2.4

DRUG USE AND ABUSE SURVEY

1982/83

All Schools
(except Anchorage)

CONFIDENTIAL

This questionnaire is part of a study being conducted to help us better understand the feelings and experiences of students as they relate to drugs.

Your participation is voluntary and you do not have to answer the questions unless you want to. However, we need your help and would like you to answer all of the questions.

If you don't understand or can't read a question, raise your hand and someone will help you.

This survey is strictly confidential. No one can know what you put down except you. The code number helps us put the information in the computer--it does not identify you since we do not have your name. Do not put your name anywhere on the questionnaire.

Thank you for your help.

Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
3211 Providence Drive
Anchorage, Alaska 99508

AI-17

Part 1

1. During the last school year, did you have any drug/alcohol education lessons as part of any class? (Circle one number)
1. No 2. Yes 3. Don't Know
2. Do you believe that there is a need for drug/alcohol education programs in your school? (Circle one number)
1. No 2. Yes 3. Don't Know

Now we would like to ask you about tobacco and alcohol products.

3. Have you ever drank wine, beer or some other alcoholic beverage on your own -- not just having a taste of someone else's drink?

1. No
2. Yes

A. If yes, do you drink alcoholic beverages now?

1. No
2. Yes

If yes, how often?

0. A few times a year

1. About once a month or less

2. About 2 or 3 times a month

3. About once a week

4. About 2-5 times a week

5. About once a day

6. More than once a day

SKIP TO
QUESTION 5

B. How many different times have you used alcohol in the past year?

1. Never

2. 1-2 times

3. 3-5 times

4. 6-9 times

5. 10-19 times

6. 20-39 times

7. 40+ times

AI-18

C. How old were you when you first tried it? _____

D. When was the last time you tried it?

_____ More than a year ago OR

_____ Months ago OR

_____ Weeks ago OR

_____ This week

E. The following questions are about some things which may or may not have happened to you. Please circle whether each statement is true or false for you.

I have missed school because of alcohol use. T F

I have had problems in school because of alcohol use. T F

My grades have been affected because of the use of alcohol. T F

I have had problems outside of school because of alcohol use. T F

I have never had any kind of problem at school because of alcohol use. T F

4. If you have never tried or have stopped using alcoholic beverages, was it for any of the following reasons? Please circle either yes or no for each item.

1. May hurt my body.

1. No 2. Yes

2. May hurt my mind.

1. No 2. Yes

3. May cause addiction.

1. No 2. Yes

4. It is illegal.

1. No 2. Yes

5. Friends disapprove.

1. No 2. Yes

6. Not important for me to try it.

1. No 2. Yes

7. Never had the chance.

1. No 2. Yes

8. May affect my participation in sports.

1. No 2. Yes

9. Other: _____

5. Have you ever smoked cigarettes?

1. No 2. Yes, how old were you when you first started smoking? _____
↓
If yes do you smoke now?
1. No 2. Yes
↓
If yes, how much do you smoke? (circle one)
0. Occasionally
1. Less than half a pack a day
2. Between a half and a pack a day
3. About one pack a day
4. More than one pack a day

6. Have you ever chewed tobacco or used smokeless tobacco (Skoal, etc.)?

1. No 2. Yes
↓
If yes, do you use it now? 1. No 2. Yes

7. If you have never tried or have stopped using cigarettes, chewing tobacco, or smokeless tobacco, was it for any of the following reasons? Please circle either yes or no for each item.

- | | |
|---|--|
| 1. May hurt my body.
1. No 2. Yes | 5. Never had the chance.
1. No 2. Yes |
| 2. May cause addiction.
1. No 2. Yes | 6. May affect my participation in sports.
1. No 2. Yes |
| 3. Friends disapprove.
1. No 2. Yes | 7. Other: _____
_____ |
| 4. Not important for me to try it.
1. No 2. Yes | |

8. If you wanted to try using a drug other than alcohol or tobacco, how easy or difficult would it be for you to try it? (Circle one number)

1. Impossible
2. Difficult
3. Fairly easy
4. Very easy

Now we would like to ask you about some drugs that are usually used for non-medical reasons, such as marijuana.

9. Marijuana is sometimes called grass or pot, and hashish is sometimes referred to as hash. Have you ever been offered this drug?

1. No 2. Yes _____

→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

_____ more than a
_____ year ago OR
_____ months ago OR
_____ weeks ago

10. How about psychedelics like LSD, mescaline, psilocybin, MDA or STP and that sort of thing? Have you ever been offered any of these drugs?

1. No 2. Yes _____

→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

_____ more than a
_____ year ago OR
_____ months ago OR
_____ weeks ago

11. Have you ever been offered cocaine (or Coke)?

1. No 2. Yes _____

→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a
____ year ago OR
____ months ago OR
____ weeks ago

12. Have you ever been offered heroin (or smack)

1. No 2. Yes _____

→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a
____ year ago OR
____ months ago OR
____ weeks ago

13. Have you ever been offered an inhalant -- by that we mean drugs and other substances people sniff or inhale for the effect -- things like glue, aerosol sprays, ether, gasoline, or that sort of thing.

1. No 2. Yes _____

→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a
____ year ago OR
____ months ago OR
____ weeks ago

Now we would like to ask about some drugs which can be prescribed by doctors. However, we're only interested in times you used these drugs to get high, or just to feel good, or for other non-medical purposes. That is, when they were not given to you by a doctor.

14. Amphetamines and other stimulants are sometimes called speed or uppers. People can take them to lose weight, stay awake, or feel more energetic. Have you ever been offered this type of drug?

1. No 2. Yes _____



→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a year ago OR

months ago OR

weeks ago

15. How about sleeping pills, barbiturates and other sedatives which can be taken to help people sleep or calm down? People also use these to get high or for other non-medical purposes.

1. No 2. Yes _____



→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a year ago OR

months ago OR

weeks ago

16. How about tranquilizers and other downers which can be taken to help people relax?

1. No 2. Yes _____



→ If yes, did you try it?

1. No 2. Yes

↓
If yes, how old were you when you first tried it?

When was the last time you tried it?

more than a year ago OR

months ago OR

weeks ago

17. If you have used any of the chemicals listed below, mark an X in the box that indicates how many different times you used it during the past year.

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20-39 times	40+ times
1. Marijuana (pot)							
2. Psychedelics (LSD, PCP, etc.)							
3. Cocaine (coke)							
4. Heroin (smack)							
5. Inhalants (gasoline, glue)							
6. Stimulants (uppers)							
7. Sedatives (downers)							
8. Tranquilizers (Valium, etc.)							

NOW, IF YOU HAVE EVER USED ANY OF THE ABOVE DRUGS, PLEASE GO BACK AND CIRCLE THE FIRST ONE YOU EVER USED.

18. If you have used any of the chemicals listed below, this time mark an X in the box that indicates how often you have used the drug during the past year.

	Not at all	About once a month or less	About 2 or 3 times a month	About once a week	About 2-5 times a week	About once a day	More than once a day
1. Marijuana (pot)							
2. Psychedelics (LSD, PCP)							
3. Cocaine (coke)							
4. Heroin (smack)							
5. Inhalants (gasoline, glue)							
6. Stimulants (uppers)							
7. Sedatives (downers)							
8. Tranquilizers (Valium, etc.)							

19. The following questions are about some things which may have or may not have happened to you. Please circle whether each statement is true or false for you.

I have missed school because of drug use. T F

I have had problems in school because of
drug use. T F

My grades have been affected because of
the use of drugs. T F

I have had problems outside of school
because of drug use. T F

I have never had any kind of problem
at school because of drug use. T F

20. If you have never tried or have stopped using marijuana, cocaine, or other chemicals, was it for any of the following reasons? Please circle either yes or no for each item.

1. May hurt my body.

1. No 2. Yes

2. May hurt my mind.

1. No 2. Yes

3. May cause addiction.

1. No 2. Yes

4. It is illegal.

1. No 2. Yes

5. Friends disapprove.

1. No 2. Yes

6. Not important for me to try it.

1. No 2. Yes

7. Never had the chance.

1. No 2. Yes

8. Other: _____

21. People use drugs for many reasons. Below is a list of drugs and some reasons people give for using drugs. If you have never tried any of the drugs, please skip to question 22. If you have tried any of the drugs listed below, tell us whether it was for any of these reasons. Read each item and check the statement which best describes you. Please answer every item.

Marijuana (pot, hash)
Psychedelics (LSD, PCP)
Cocaine (coke)
Heroin (smack)

Inhalants (gasoline, glue)
Stimulants (uppers)
Sedatives (downers)
Tranquilizers (Valium, Librium)

	<u>True of me</u>	<u>Sometimes true of me</u>	<u>Not true of me</u>
-To experience something new and exciting.....	_____	_____	_____
-To get better insight into myself..	_____	_____	_____
-To experience the high.....	_____	_____	_____
-To satisfy my curiosity about what its like.....	_____	_____	_____
-To overcome feelings of boredom or depression.....	_____	_____	_____
-To give me more pep or energy.....	_____	_____	_____
-To relieve anxiety or tension.....	_____	_____	_____
-To be more creative.....	_____	_____	_____
-To relate better to my friends.....	_____	_____	_____
-To expand my awareness and under- standing of things.....	_____	_____	_____
-To relax.....	_____	_____	_____
-To be part of a group.....	_____	_____	_____
-To get away from problems and troubles.....	_____	_____	_____
-To have a good time with friends...	_____	_____	_____
-Because of anger or frustration....	_____	_____	_____
-Just feel like it.....	_____	_____	_____
-Because my friends encouraged me to	_____	_____	_____
-To increase the effects of other drug(s).....	_____	_____	_____
-To decrease the effects of other drug(s).....	_____	_____	_____
-It is the thing to do in Alaska....	_____	_____	_____
-Other reasons:			
1. _____			
2. _____			
3. _____			

Whether you have used drugs or not, please answer the following question.

22. The following questions concern some different feelings or experiences of people. Read each item and check the statement which best describes you. Please answer each item.

	True of me	Sometimes true of me	Not true of me
-I daydream a lot about the things I would like to do.....	_____	_____	_____
-Sometimes I miss out on good times because I don't want to take the risk of getting hurt.....	_____	_____	_____
-I enjoy the fast pace and changes of today's world.....	_____	_____	_____
-A lot of times I feel lonely.....	_____	_____	_____
-There is always someone I can turn to if I need help.....	_____	_____	_____
-I tend to keep things to myself...	_____	_____	_____
-I often feel left out of things...	_____	_____	_____
-I think that people who don't take any risks must have pretty dull lives.....	_____	_____	_____
-I feel hesitant about taking a full-time job and becoming part of the "adult world".....	_____	_____	_____
-There is usually someone I can talk to, if I need to.....	_____	_____	_____
-I get a real kick out of doing things that are a little dangerous	_____	_____	_____
-I think the times ahead for me will be tougher and less fun than things are now.....	_____	_____	_____
-I like to test myself every now and then by doing something risky.	_____	_____	_____
-I often wish I had more good friends.....	_____	_____	_____

	True of me	Sometimes true of me	Not true of me
-I often act on the spur of the moment without stopping to think..	_____	_____	_____
- I often spend more money than I think I should.....	_____	_____	_____
- I often change my mind rather quickly.....	_____	_____	_____
- I do many things which I regret afterwards.....	_____	_____	_____
- I usually have a few friends around that I can get together with.....	_____	_____	_____
- In my imagination, I see myself as doing brave or dangerous things which I would not ordinarily do..	_____	_____	_____

23. Now, we would like to ask a few general questions about you.

1. Your sex (please circle one number)

1. Female 2. Male

2. Age to nearest
birthday?

3. Circle your grade in school.

Junior High

High School

7 8 9

10 11 12

THIS IS THE END OF THE QUESTIONNAIRE.

THANK YOU FOR FILLING IT OUT.

A P P E N D I X II

Anchorage Survey

APPENDIX II

This appendix contains a more detailed and comprehensive analysis of the Anchorage findings. This expanded report is provided to assist SOADA and health and social authorities within Anchorage to address the problem of drug-taking behavior in the state's largest city.

The document summarizes the findings and presents an interpretation of the data obtained from surveying students in junior and senior high schools in the Anchorage School District (ASD). The research provides data on the use and/or nonuse of a broad spectrum of chemical substances, ranging from legal and socially sanctioned drugs such as alcohol, to illegal and unsanctioned drugs such as heroin and hallucinogens.

The focus of the report is on the results of self-reports of use and/or nonuse of drugs by students within the ASD. Included in this report is a comparison of the Anchorage results with some of the findings from national surveys of youth of approximately the same age range as the Anchorage school sample. A comparison is also provided with the results of a school survey conducted by Porter and her associates (Porter et al., 1971). This document supercedes all previous reports describing the results of the Anchorage School Survey.

ACKNOWLEDGEMENTS

We wish to express our appreciation for the cooperation and assistance we received from the Anchorage School District. A special thanks to Fred Stofflet and Ray Fenton in the District's Assessment and Evaluation Department.

Bernard Segal, Ph.D.
Project Director

Jill McKelvy, Ph.D.
Research Coordinator

Dani Bowman, Ph.D.
Research Associate

Theodore A. Mala, MD, MPH
Field Coordinator

INTRODUCTION

A. Background

In recent years, American society has experienced what appears to be an increase in the frequency and intensity of substance use and abuse, particularly among college and secondary school age youth. National efforts to investigate the extent and nature of drug use have usually been confined to the "lower 48." Thus, reliable information on the use and nonuse of drugs by Alaskans has not been available to us. Without this information, state and local agencies are handicapped in their planning for drug related services, education, and prevention programs.

Of particular importance are school age youth who, according to national surveys, have reflected a pattern of consistent drug experimentation during the past 10-15 years. In order to develop effective education and prevention programs to deal with drug-taking behavior, knowledge is needed about the type of drugs available and the extent to which those drugs are being tried by youth. Anchorage is one of eight school districts selected to participate in a survey to acquire this understanding of drug-taking behavior.

It is envisioned that the findings of the drug survey will be useful to schools in their efforts to develop education programs designed to address the issue of drug-taking behavior. The following report is a brief summary of some of the major findings of the survey. An important note in interpreting the findings is that the information was gathered through the use of self-report questionnaires. We can only report what youngsters say they think they have taken or how they indicate they behaved. It is well known that counterfeit drugs exist, and that people take a drug in misguided experimentation, e.g.,

caffeine or amphetamines disguised as cocaine. However, we feel that the responses to the survey questions were seriously and honestly given, and that the reported results are a valid measure of the prevalence and extent of the drug-taking behavior of Anchorage students with respect to what kind of mood-altering drugs students believe they are taking.

B. Research Methods and Procedures

The survey instrument (See Appendix I) used in the study was cooperatively developed by the University of Alaska Anchorage's Center for Alcohol and Addiction Studies, the Anchorage School District's Curriculum Development Department, and the Anchorage School District's Assessment and Evaluation Department. The principals of the regular secondary schools (Bartlett, East, and West High Schools; Chugiak, Dimond, and Service Junior/Senior High Schools; and Central ABC, Clark, Romig, and Wendler Junior High Schools) were asked to identify intact classes which, if taken in total, would provide a "representative" picture of the District's secondary population. The identified classes were administered the survey instruments by their regular classroom teachers. Teachers were instructed to inform students that participation was voluntary and that their responses would remain anonymous.

Parents of all students included in the identified classes were mailed a postcard prior to the administration of the survey to apprise them of the upcoming activity. Those who had questions or who did not wish their children to be included in the study were asked to contact the District's Assessment and Evaluation Office. Several parents called with questions as to the nature of the study. Most who called allowed their children to remain in the sample. About a half dozen parents withdrew their children from the sample.

The actual administration of the survey took place in May, 1982. It was

scheduled for May to avoid overlap with the Bond Issue activities underway in Spring, 1982. Unfortunately, the actual administration coincided with graduation week which limited the size of the senior contingent in the overall sample. The data was coded and prepared for statistical analysis by the ASD, and copies of the data cards were provided to the Center to conduct its own analysis of the data. The information provided in this report is a synthesis of the findings obtained by the Center and by the Assessment and Evaluation Department.

C. Confidentiality and Anonymity

The purpose of the study was to gain an understanding of drug use in Alaska and not to identify individuals who use drugs. In an effort to acquire the most complete and honest answers from the student, considerable measures were taken to protect confidentiality and anonymity. The students' names were not included in any phase of the research. The only identifying information requested on the questionnaire was age, gender, grade and school. The results are to be treated with the strictest confidentiality, aimed only in helping school officials in their efforts to develop effective drug-related educational/prevention programs.

D. The Sample

A total of 1588 students in the ASD, grades 7-12, from seven combined junior and senior high schools, and six senior high schools, comprised the sample. Table ASD-1 presents a description of the sample population by grade, school, and gender. Inspection of this table shows that although the sample was generally balanced for the gender of participants (744 females; 821 males; 23 undeclared), it is not balanced for representation by high school seniors; nor are some of the junior high schools represented equally. A comparison of the sample, by grade and gender, with the population of secondary students at the end

Table ASD-1

Sample Characteristics
Anchorage School District
School, Grade and Gender
of Participants

<u>School</u>	<u>Grade</u>											
	<u>7th</u>		<u>8th</u>		<u>9th</u>		<u>10th</u>		<u>11th</u>		<u>12th</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Clark Jr. H.S.	24	24	18	22	--	--	--	--	--	--	--	--
Romig Jr. H.S.	9	10	25	21	--	--	--	--	--	--	--	--
Wendler Jr. H.S.	32	27	30	30	--	--	--	--	--	--	--	--
Central Jr. H.S.	11	17	16	18	--	--	--	--	--	--	--	--
Bartlett H.S.	--	--	--	--	32	17	41	31	42	29	1	1
Chugiak Jr. & Senior H.S.	1	4	18	11	15	14	15	13	10	6	1	4
Mears Jr. H.S. & Dimond Sr. H.	25	21	22	26	22	23	29	23	6	1	1	0
East H.S.	--	--	--	--	32	31	28	39	34	39	47	33
Service Jr. & Senior H.S.	41	49	24	22	17	17	29	22	36	21	14	11
West H.S.	--	--	--	--	15	23	32	26	15	15	11	3
TOTAL:	143	152	153	150	133	125	174	154	143	111	75	52

Total Males = 821

Total Females = $\frac{744}{1565}$

Not Reported = $\frac{23}{1588}$

Total Sample = 1588

of the 1981-82 school year is presented in Table ASD-2. There was some variation among the portions of each grade/gender group sampled. Senior students in particular were under-represented as compared to the other grade levels. Because of this, some statistics presented in this report were calculated for grade/gender groups. Grade level and District level statistics were developed by taking appropriate weighted averages of the "grade/gender" statistics.

The portion of each grade level sampled by school is presented in Table ASD-3. The alternative or optional program schools and Girdwood were not included in the sample. Within the regular schools, there was some degree of difference in the samples provided across schools. These school level sampling differences were not taken into account in calculating grade and District level figures. The reported statistics may be distorted to the extent that there were differences in usage patterns across schools.

Treating the sample as a random sample yields precision estimates of two to three percentage points for most questions for the District as a whole at the 95% confidence level. This means that at the District level, estimates of percent responses to questions should be accurate to two or three percentage points.

Grade by grade estimates are precise to five or six percentage points except at grade 12 where the precision rate is closer to plus or minus nine percentage points. For grade/gender groups, the precision rates are on the order of eight to nine percentage points, again excluding grade 12. For grade 12, the grade/gender estimates are precise to about twelve or thirteen percentage points on most questions.

Table ASD-4 describes the sample population according to age and gender. The age distribution ranges from 11 to 19 with an average age of 14.7 years; the median age is 15.03 years.

Table ASD-2

Description of Secondary Population
and Sample by Grade and Gender

	Sample		Population		% Sampled	
	Male	Female	Male	Female	Male	Female
Grade 7	143	152	1,550	1,421	9.2%	10.7%
Grade 8	153	150	1,355	1,336	11.3%	11.2%
Grade 9	133	125	1,358	1,279	9.8%	9.8%
Grade 10	174	154	1,259	1,180	13.8%	13.1%
Grade 11	143	111	1,246	1,064	11.5%	10.4%
Grade 12	75	52	1,166	1,026	6.4%	5.1%

Table ASD-3

Percent of the Secondary School Population
Included in the Survey Sample
by Grade and School

School	Gr. 7	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12
Central ABC	8.4%	9.5%	N.A.	N.A.	N.A.	N.A.
Clark	11.7%	11.3%	N.A.	N.A.	N.A.	N.A.
Romig	5.7%	14.0%	N.A.	N.A.	N.A.	N.A.
Wendler	11.1%	12.9%	N.A.	N.A.	N.A.	N.A.
Chugiak/Gruening	1.6%	11.4%	11.2%	11.6%	7.8%	2.5%
Dimond/Mears	11.4%	12.6%	11.0%	14.0%	2.1%	0.3%
Service/Hanshew	18.0%	10.1%	8.2%	13.1%	14.3%	6.5%
Bartlett	N.A.	N.A.	11.0%	19.0%	18.2%	0.5%
East	N.A.	N.A.	12.5%	14.8%	17.5%	20.7%
West	N.A.	N.A.	7.8%	12.4%	6.8%	3.9%

Table ASD-4
Sample Characteristics
Anchorage School District
Age and Gender

<u>Age</u>	<u>Males</u>	<u>Females</u>
11	0	1
12	43	58
13	129	160
14	154	128
15	154	154
16	158	128
17	123	81
18	52	34
19	<u>1</u>	<u>1</u>
Totals	814	745

Not reported: 29

Mean = 14.7 yrs.

Median = 15.03 yrs.

The results section includes some of the information provided by 1588 Anchorage students.

RESULTS

PART I. DESCRIPTIVE ANALYSES

A. Overview

The survey used for the Anchorage school sample provides for a multitude of data, some of which is primarily germane to the School District. This report contains information pertaining to the extent and nature of drug-taking behavior within the sample. Some of the analyses included the Anchorage seniors in order to present aggregated data, while other data, as noted earlier, is presented by grade in order to review how use or nonuse patterns are distributed across grades. The results section, however, will be concerned with two kinds of analyses: (1) descriptive lists, which provide the frequency of responses to questions given by the sample, presented in table, graph or chart form; and (2) findings from analyses of the personality measures included in the survey.

B. Descriptive Statistics

The first task in our data analysis procedure was to determine the basic distributional characteristics of each of the variables or measures which was used in the study. Information on the distribution, variability and central tendencies of the variables describing the extent and patterns of drug use not only provides a characterization of the sample involved, but such data also provides the necessary information to help determine the selection of subsequent statistical techniques. Additionally, the tabulation of descriptive statistics constitutes a basic computer reference document to serve as a data base for building subsequent data files as well as a statistical source of information for comparison with other comparable information. Some of the descriptive statistics utilized are presented as tabular and graphic representations of the

data pertaining to prevalence of drug use for major drug categories (marijuana, inhalants, hallucinogens, cocaine, heroin, stimulants, sedatives, tranquilizers, alcohol, and tobacco) and are listed by frequency of occurrence by age groups, by gender, and by selected demographic characteristics.

1. Opportunity to Try and Trying Drugs

The opportunity to try drugs is an important factor in the process of beginning illicit drug use. Table ASD-5 presents a listing of the results pertaining to having a chance to try the different mood-altering substances, and the percentages of students who actually tried one or more of these substances. The figures in column 1 indicate the number of students in the sample who reported having a chance to try a drug. Column 2 represents the percent of the total sample (N = 1588) who have had an opportunity to try the drugs. The figures in column 3 represent those who reported having tried a drug, and the statistic in column 4 represents the percent of those who had a chance to try a drug and who actually tried it (column 3 divided by column 1). The data in column 5 represents the percent of the total sample who reported trying a drug.

What can be observed from the data in column 4 is that a large percent of those having an opportunity to try mood-altering drugs do try them one or more times. It is readily apparent that large percentages of students have opportunities to take drugs, and of those who do have chances, a majority of students will experiment with them. As might have been anticipated, alcohol and tobacco, the two legal and socially sanctioned drugs for adults in our society, are the chemical substances which students have the most opportunity to try and which are experienced by large numbers of students. Over four-fifths of the sample (83.9%) had an opportunity to consume alcohol, of which nearly all (94.5%) went ahead and tried it. In proportion to the total sample, almost

Table ASD-5

Anchorage School Sample
Opportunity to Try and Trying Drugs
Lifetime Experiences

	<u>1</u>	<u>2</u>		<u>3</u>	<u>4</u>	<u>5</u>
<u>Drug</u>	<u>Number Having Chance To Try</u>	<u>Percent of Total Sample Having A Chance To Try (N=1588)</u>		<u>Number Trying Drug</u>	<u>Percent of Those Having A Chance To Try and Do Try</u>	<u>Percent of Total Sample Trying (N=1588)</u>
Marijuana	1025	64.5	2.2*	757	73.8	47.7
Cocaine	428	27.0	2.1	319	74.5	20.1
Hallucinogens	194	12.2	1.5	124	63.9	7.8
Stimulants	518	32.6	2.2	405	78.2	25.5
Depressants	366	23.0	2.0	264	72.1	16.6
Heroin	90	5.7	1.0	42	46.7	2.6
Inhalants	440	27.7	2.1	246	55.9	15.5
Tranquilizers	313	19.7	1.9	236	75.4	14.9
Alcohol	1332	83.9	1.8	1259	94.5	79.3
Tobacco	1147	72.2	2.2	957	83.4	60.3

*Confidence Interval

four-fifths (79.3%) reported having consumed alcohol. Thus, it appears that most students who have an opportunity to consume alcohol will try it one or more times.

Tobacco is the second most experienced substance, with nearly three quarters of the sample having a chance to try it, and over four-fifths (83.4%) of those having a chance to try have tried tobacco one or more times. This figure corresponds to 60.3% of the total sample who have had experience(s) with tobacco products.

Of the other mood altering substances, marijuana (47.7%), stimulants (25.5%) and cocaine (20.1%) were experienced frequently, in descending order, by the students. More than three-quarters of the students who had a chance to try stimulant type drugs (78.2%) did so when the opportunity presented itself, and close to three quarters of the sample who had a chance to try marijuana (73.8%) and cocaine (74.5%) also took advantage of the opportunity to try them. Least tried is heroin (2.6%), but nearly half of those who had an opportunity to try heroin (46.7%) did experiment with it. In proportion to the total sample overall, experimentation with heroin is small.

Although more than half of those who had a chance to try hallucinogens (63.9%) did so, the overall usage for the total is low (7.8%).

Experiences with the remaining chemical substances are fairly modest, with 16.6% trying depressants and 15.5% trying inhalant type chemicals. Of those having experiences with them, close to three-quarters (72.1%) of those who had a chance to try depressants did, and more than half of those (55.9%) who had a chance to try inhalants did.

In summary, it appears that many students in the sample have had opportunities to try various chemical substances, and in most instances more than half of those exposed to an opportunity to try will try chemical substances.

When opportunity to try and trying illicit chemical substances are examined relative to the total sample, prevalence rates are less extreme, and range from a low of 2.6% for heroin to a high of 47.7% for marijuana. What is apparent from Table ASD-5, however, is the low incidence of heroin use and the high incidence of alcohol and tobacco use, and a moderately high use of marijuana. These figures tend to indicate that experimenting with certain drugs, both licit and illicit, appears to be a behavior which may be "accepted" by a large segment of our sample.

2. Trying or Not Trying Mood Altering Chemicals: Lifetime Experience

Figure 1 presents a graphic representation of the percent of students in the sample who tried and did not try a chemical substance. The percentages cited in Figure 1 are based on the number of students who responded to questions about use or nonuse of each specific substance; missing cases or non-responses have been omitted from the tabulations. The percentage figures shown in Figure 1 will thus tend to be larger for use of drugs than the figures cited in column 5 of the previous table (ASD-5) - these figures were based on the total number of students in the sample. The exact number of students responding to each drug-related question is reported in Table ASD-6.

Inspection of Figure 1 shows that more than half of the students (51.4%) had some experience(s) with marijuana, and tobacco (64.9%), while more than four-fifths (82.1%) have consumed alcohol one or more times. Alcohol is clearly the substance taken/tried most, followed by tobacco and marijuana. Overall, however, except for marijuana and alcohol, greater percentages of students did not try the other substances than did try them. Of those tried, stimulants (29.6%) and cocaine (23.5%) were the ones which predominated, followed by depressants (19.9%), inhalants (18.4%), tranquilizers (17.9%), and hallucinogens (9.5%). The following table provides a more indepth analysis of the nature and extent of students' experiences with psychoactive chemicals.

FIGURE 1

ANCHORAGE SCHOOL DISTRICT

PERCENT OF STUDENTS TRYING OR NOT TRYING CHEMICAL SUBSTANCES

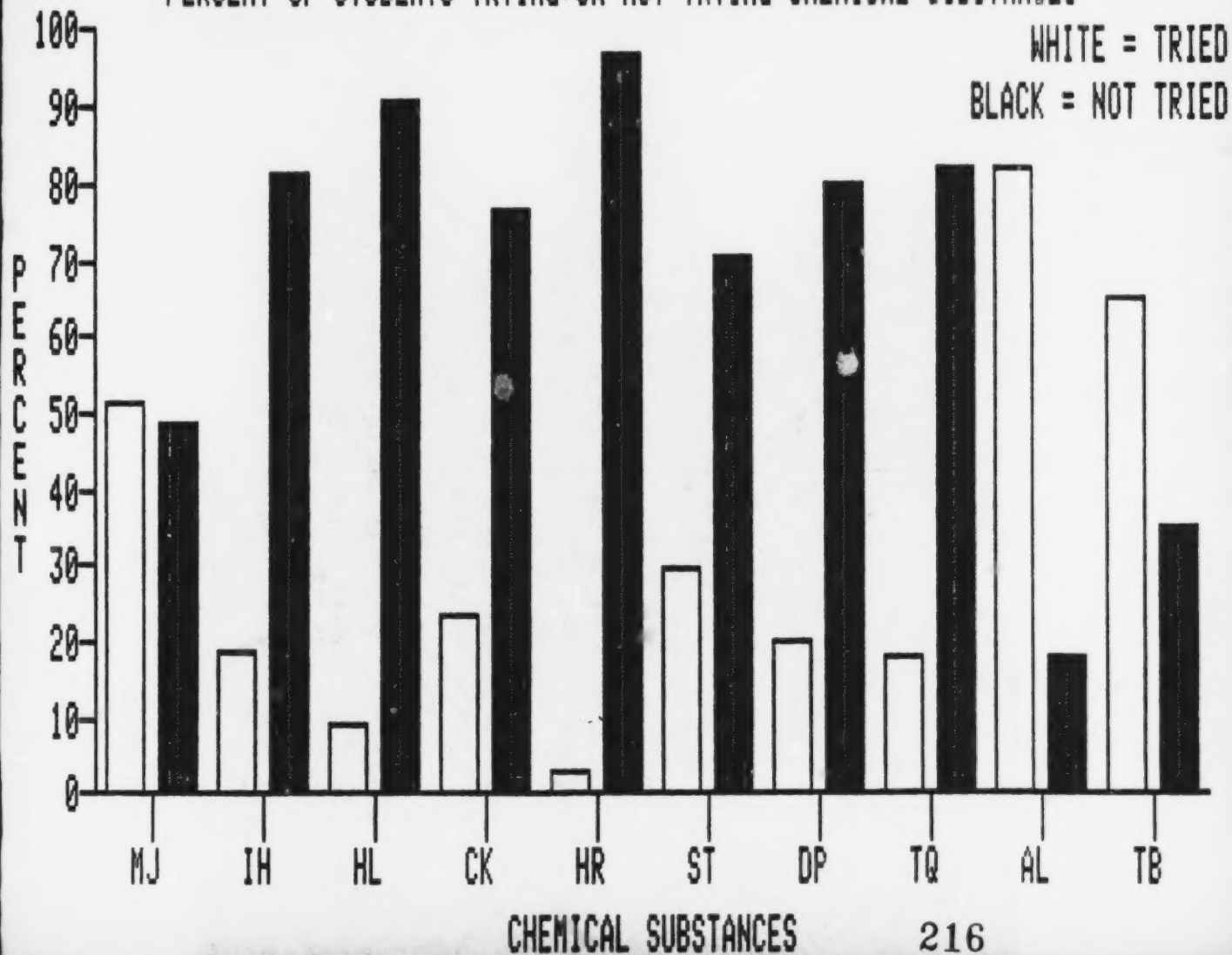


Table ASD-6

Prevalence of Drug Taking Behavior
Secondary Students
Anchorage School District

Lifetime Experience

Percent Having Taken/Tried Drugs										
Drug	Percent Responding	No Times							Total: Once or More	
			1-2 Times	3-5 Times	6-9 Times	10-19 Times	20-39 Times	40+ Times	CI***	
Marijuana (1474)*	92.8	48.6	13**	06	05	04	05	18	51.4	+2.4
Inhalants (1340)	84.4	81.6	09	04	01	< 01	< 01	03	18.4	+2.1
Hallucinogens (1312)	82.6	90.5	05	02	01	< 01	01	01	9.5	+1.9
Cocaine (1359)	85.6	76.5	10	04	03	02	01	03	23.5	+2.2
Heroin (1303)	82.1	96.8	01	< 01	< 01	< 01	< 01	< 01	3.2	+1.9
Stimulants (1366)	86.0	70.4	10	06	04	03	02	05	29.6	+2.4
Depressants (1324)	83.4	80.1	08	04	02	02	01	03	19.9	+2.1
Tranquilizers (1315)	82.8	82.1	08	04	02	01	01	02	17.9	+2.1
Alcohol (1533)	96.5	17.9	15	13	08	10	07	29	82.1	+2.2
Tobacco (1474)	92.8	35.1	19	09	05	06	03	23	64.9	+2.5

* Number of respondents for each drug, derived from the total sample of 1588 students.

** Figures have been rounded to nearest whole number.

*** Confidence Interval

3. Prevalence of Drug-Taking Behavior: Lifetime Experience with Psychoactive Chemicals

Table ASD-6 provides a more detailed analysis of the prevalence of drugs having been taken/tried. This table presents information on the percent of students repnding to each item, the percent reporting never having taken the substance, the frequency with which drugs have been reported to have been taken, and the confidence limits for the percentage figures for those having tried any of the drugs. The confidence interval represents the range around the population value within which the estimates from the sample can be expected to lie. Each of the drug categories will be discussed separately.

Marijuana

More than half the sample (51.4%), has tried marijuana, with 13% using it experimentally (1-2 times), and 18% reporting more frequent use. Of the illicit drugs, marijuana is used most extensively, and the frequency of use tends to be higher in all categories for marijuana than for any other illicit drug. Consistent with Table ASD-3, if an illicit drug is to be tried, marijuana is the one which students in the sample have most likely tried.

Inhalants

Significantly more students did not ever try inhalant type chemicals (81.6%) than did try them (18.4%), and such use appears to be primarily experimental (1-2 times).

Hallucinogens

Experience with hallucinogens is reported by only 9.5% of the sample, and such use is predominantly experimental.

Cocaine

Apparently cocaine use is moderately high among the sample, with 23.5% having reported ever trying it. This use is also mostly experimental, but a small percent (7%) have taken it 10 or more times, and 3% have taken it even more frequently.

Heroin

Only 3.2% of those sampled reported having ever tried heroin, which is the lowest rate for all the drugs listed. The use of heroin tended to be chiefly experimental, with primary use being reported as 1-2 times only.

Stimulants

Close to thirty percent (29.6%) of those sampled reported having tried stimulant type drugs one or more times. Primary use of such drugs appears to be experimental, but 10% of those sampled report having taken these drugs 10 or more times.

Depressants

Experimentation with depressant type chemicals occurred for 19.9% of those sampled; the majority of this appears to have been experimental use.

Tranquilizers

Nearly eighteen percent (17.9%) of the sample reported having tried tranquilizer-type drugs; most of this use was experimental.

Alcohol

The use of alcohol predominated in this sample, with 82.1% having tried it one or more times. Of those who tried it, nearly half (46%) reported that they consumed alcohol more than ten times, and of those, 29% appear to have taken it extensively. Fifteen percent of the sample has also reported experimentation with alcohol (1-2 times).

Tobacco

Experience with tobacco (64.9%) represents the drug tried most after alcohol, with 23% of the sample reporting that they smoke frequently.

In summary of Table ASD-6, the drugs most often tried are, in descending order, alcohol, tobacco, marijuana, stimulants and cocaine.

4. Frequency of Drug Use: Past Year Experience(s)

Table ASD-7 lists the frequency of drug use for the same drugs cited in Table ASD-6. The frequencies from which the percentages were derived for Table ASD-7 will differ from those in Table ASD-6 because those statistics in Table ASD-7 will reflect students who, though they may have taken a drug, have not done so in the past year.

Consistent with Table ASD-5, the drugs used most frequently, in descending order, were alcohol (74.8%), tobacco (50.2%), marijuana (45.5%), stimulants (26.2%) and cocaine (21.5%). Tobacco is the only category which reflects daily usage, but a small percent (3%) reported daily marijuana use. Most of the use for every drug category tends to be about once a week or less, except for marijuana, stimulants, alcohol and tobacco.

5. Summary: Experiences with Chemical Substances

Table ASD-8 presents a summary of the overall drug experiences for the students in the sample. Inspection of this table reveals that alcohol is by far the most widely taken substance among the secondary population. Better than 82% of the students have taken alcohol sometime in their lives. Three-fourths of the students have taken it during the past year - 44% with some regularity.

Tobacco and marijuana were the next most heavily taken substances. About one-fourth of the students take tobacco with some regularity and about one-fourth of the students have taken marijuana with some regularity during the past year.

Table ASD-7

Frequency of Use During Past Year
Secondary Students
Anchorage School District

Drug	Percent Responding	No Times	Percent Having Taken/Tried Drugs						Total: Once or More	CI***
			Once a Month or Less	2-3 Times a Month	Once a Week	Few Times a Week	Daily	More than Once Daily		
Marijuana (1451)*	91.4	45.5	21**	08	04	07	03	03	54.5	+2.5
Inhalants (1345)	84.7	14.0	11	01	< 01	< 01	< 01	< 01	86.0	+1.8
Hallucinogens (1332)	83.9	80.6	06	< 01	< 01	< 01	< 01	< 01	91.4	+1.9
Cocaine (1362)	85.8	21.5	15	04	< 01	< 01	< 01	< 01	78.4	+2.2
Heroin (1328)	83.6	4.1	01	< 01	< 01	< 01	< 01	< 01	95.9	+1.9
Stimulants (1361)	85.7	26.2	15	05	02	02	< 01	01	73.8	+2.3
Depressant (1342)	84.5	17.1	11	03	01	01	< 01	< 01	82.9	+2.0
Tranquilizers (1326)	83.5	14.9	10	02	01	< 01	< 01	< 01	85.1	+1.9
Alcohol (1488)	93.7	74.8	30	19	11	10	02	02	25.2	+2.4
Tobacco (1426)	89.8	50.2	23	04	02	04	03	14	49.8	+2.6

* Number of respondents for each drug, derived from the total sample of 1588 students.

** Figures have been rounded to nearest whole number.

***Confidence Interval

Table ASD-8

Anchorage School District
Secondary Students

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken Those Drugs
and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		(Lifetime Experience)			Never Taken	About Once a Month Or Less	More than Once a Month
		Never Tried	One to Five Times	Six Times Or More			
Marijuana	64.5	48.6	19.2	31.7	54.5	21.1	24.4
Inhalants	27.7	81.6	12.8	5.6	86.0	10.6	3.4
Hallucinogens	12.2	90.5	6.3	3.2	91.4	6.3	2.3
Cocaine	27.0	76.5	14.0	9.5	78.4	14.8	6.8
Heroin	5.7	96.8	1.2	2.0	95.9	2.6	1.5
Stimulants	32.6	71.4	15.7	12.9	73.8	14.9	11.3
Depressants	23.0	80.1	11.9	8.0	82.9	10.7	6.4
Tranquilizers	19.7	82.1	11.6	6.3	85.1	10.3	4.6
Alcohol	83.9	17.9	27.9	54.2	25.2	31.2	43.6
Tobacco	72.2	35.1	28.0	36.9	49.8	23.2	27.0

Stimulants were taken regularly by 11% of the students while both cocaine and depressants were taken by about 6% of the secondary population. The other substances were taken with some regularity by less than 5% of the students with heroin being the least taken substance (1.5% taken with some regularity; 3.2% ever taken).

6. Drug Use or Nonuse and Sex of Respondent

Table ASD-9 presents an analysis of use or nonuse of drugs by gender of respondents. As can be observed, more males than females tend to experiment with and/or take drugs, a finding consistent with that of most studies of school age youth. Of interest, however, is that of those who report never having tried a drug, the ratio of males to females is almost equivalent for all drug categories.

7. Experiences with Psychoactive Chemicals by Male and Female Students

Tables ASD-10A and 10B, which have been provided by the Anchorage School District Assessment and Evaluation Department (ASDAED), presents figures for males and females, respectively. None of the percentage figures for males were extremely different from those for females when the "More than once a month" column for use in the past year is examined. There were some minor variations with slightly more males than females using tobacco and hallucinogens and slightly more females than males using stimulants, sedatives, and tranquilizers on a somewhat regular basis.

8. Drug Taking Behavior by Grade

Tables ASD-11 through ASD-16, courtesy of the ASDAED, provide an analysis of the pattern of drug-taking behavior by grade. These tables indicate an overall tendency for increased substance usage with increasing age. Seventh grade students showed relatively little substance usage. The usage patterns appeared to increase most from grade 7 to grade 8 and from grade 9 to grade 10.

Table ASD-9
Secondary School Students
Anchorage School District
Drug Use and Nonuse by Gender

Drug	r*	Percent of Use		Percent of Nonuse	
		Male	Female	Male	Female
Marijuana	1459	28.0	23.4	24.5	24.1
Inhalants	1328	10.9	7.5	41.6	40.0
Hallucinogens	1300	6.2	3.3	45.9	44.6
Cocaine	1347	13.2	10.4	39.0	37.4
Heroin	1291	2.6	0.7	49.4	47.3
Stimulants	1354	15.1	14.5	36.9	33.5
Sedatives	1313	11.4	8.7	40.8	39.1
Tranquilizers	1303	9.9	7.9	42.1	40.1
Alcohol	1517	43.1	39.1	9.2	8.6
Tobacco	1459	35.3	29.6	17.5	17.6

*Number of students responding to each item.

Total Sampled 1588
Total Males 821
Total Females 744
Undeclared 23

Table ASD-10A

MALE SECONDARY STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	64.2	48.5	18.3	33.2	54.9	20.7	24.4
Inhalants	29.1	80.8	13.0	6.2	86.0	10.8	3.2
Hallucinogens	14.4	88.8	7.0	4.2	89.6	7.8	2.6
Cocaine	27.3	75.4	14.7	9.9	77.3	16.1	6.6
Heroin	5.9	96.2	1.5	2.3	95.6	2.9	1.5
Stimulants	29.7	72.6	14.7	12.7	75.9	14.1	10.0
Depressants	22.7	79.2	13.0	7.8	82.6	12.1	5.3
Tranquilizers	19.9	82.2	10.8	7.0	85.3	11.4	3.3
Alcohol	82.7	18.1	26.0	55.9	25.3	30.5	44.2
Tobacco	72.6	34.4	28.3	37.3	47.7	25.1	27.2

Table ASD-10B

FEMALE SECONDARY STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	64.5	50.0	20.0	30.0	55.4	21.2	23.4
Inhalants	24.9	83.8	12.4	3.8	88.4	9.3	2.3
Hallucinogens	8.7	92.9	5.7	1.4	95.0	4.5	0.5
Cocaine	27.1	76.9	13.8	9.3	79.6	14.5	5.9
Heroin	4.4	98.4	0.7	0.9	97.4	2.1	0.5
Stimulants	34.9	69.2	16.9	13.9	73.1	15.7	11.2
Depressants	21.6	81.8	10.8	7.4	84.9	8.5	6.6
Tranquilizers	18.6	82.8	12.5	4.7	85.9	9.4	4.7
Alcohol	85.2	17.7	29.5	52.8	24.8	31.8	43.4
Tobacco	70.5	37.5	26.9	35.6	53.9	21.4	24.7

Table ASD-11

GRADE 7 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	34.6	76.3	15.1	8.6	79.7	13.6	6.7
Inhalants	18.0	88.3	9.8	1.9	90.2	6.9	2.9
Hallucinogens	4.4	98.4	0.7	0.9	97.8	1.4	0.8
Cocaine	10.3	94.6	3.9	1.5	94.4	4.2	1.4
Heroin	3.1	99.6	0.0	0.4	98.2	1.4	0.4
Stimulants	12.4	91.0	6.3	2.7	89.7	6.7	3.6
Depressants	8.3	93.8	4.3	1.9	93.7	3.9	2.4
Tranquilizers	6.1	95.6	3.5	0.9	95.1	4.1	0.8
Alcohol	69.7	32.4	34.6	33.0	39.2	39.5	21.3
Tobacco	59.0	48.6	26.9	24.5	58.0	24.7	17.3

Table ASD-12

GRADE 8 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	58.8	53.3	18.5	28.2	53.9	20.1	26.0
Inhalants	28.2	78.5	14.6	6.9	79.7	14.7	5.6
Hallucinogens	9.0	92.9	4.6	2.5	91.7	6.6	1.7
Cocaine	20.3	80.0	14.8	5.2	80.1	15.2	4.7
Heroin	3.3	98.3	0.4	1.3	95.4	3.8	0.8
Stimulants	29.3	70.9	15.5	13.6	74.0	12.5	13.5
Depressants	19.4	80.1	12.4	7.5	80.6	11.7	7.7
Tranquilizers	15.3	82.9	12.1	5.0	86.1	10.7	3.2
Alcohol	82.7	16.3	37.8	45.9	21.8	37.2	41.0
Tobacco	73.8	29.1	33.8	37.1	40.2	27.5	32.3

Table ASD-13

GRADE 9 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	62.0	52.5	20.6	26.9	56.2	20.9	22.9
Inhalants	22.5	88.5	6.9	4.6	90.4	8.2	1.4
Hallucinogens	7.4	93.1	5.1	1.8	94.0	4.1	1.9
Cocaine	19.4	83.5	12.5	4.0	84.5	11.9	3.6
Heroin	5.4	96.3	2.3	1.4	96.8	2.3	0.9
Stimulants	25.6	76.2	14.4	9.4	78.3	13.6	8.1
Depressants	17.1	84.3	10.6	5.1	87.3	7.7	5.0
Tranquilizers	15.9	86.2	8.3	5.5	86.7	9.3	4.0
Alcohol	84.5	19.6	36.2	44.2	31.6	33.0	35.4
Tobacco	69.0	38.9	31.0	30.1	55.2	28.4	16.4

Table ASD-14

GRADE 10 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	75.9	39.1	21.0	40.9	49.4	23.3	27.3
Inhalants	35.4	77.5	15.9	6.6	86.1	12.2	1.7
Hallucinogens	17.5	86.9	9.3	3.8	88.2	9.0	2.8
Cocaine	32.5	73.3	15.8	18.9	75.1	17.7	7.2
Heroin	7.9	96.1	1.8	2.1	95.5	3.1	1.4
Stimulants	45.8	62.0	17.3	20.7	65.9	20.6	13.5
Depressants	32.9	73.5	14.7	11.8	76.5	16.5	7.0
Tranquilizers	26.2	75.5	15.8	8.7	81.1	12.3	6.6
Alcohol	87.9	14.2	22.0	63.8	21.5	22.8	55.7
Tobacco	78.0	31.9	26.1	42.0	51.3	18.3	30.4

Table ASD-15

GRADE 11 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	88.0	27.3	22.7	50.0	39.0	27.1	33.9
Inhalants	32.4	77.7	15.6	6.7	84.4	11.9	3.7
Hallucinogens	18.3	85.2	10.9	3.9	88.6	9.5	1.9
Cocaine	47.7	57.3	23.0	18.7	65.4	22.6	12.0
Heroin	8.8	94.2	2.5	3.3	95.7	2.4	1.9
Stimulants	50.0	55.0	23.9	21.1	65.4	18.5	16.1
Depressants	35.2	71.5	15.9	13.2	79.4	12.5	8.1
Tranquillizers	32.0	74.4	15.6	10.0	81.0	13.8	5.2
Alcohol	94.1	10.5	12.6	76.9	16.1	20.0	63.9
Tobacco	83.6	25.4	24.9	49.7	42.4	22.8	34.8

Table ASD-16

GRADE 12 STUDENTS

Percent of Students Who Have Had the Opportunity
to Take Various Drugs, Who Have Ever Taken
Those Drugs, and Who Have Taken Them Within the Past Year

Drug	Percent Having Opportunity To Take	EVER TAKEN			DURING THE PAST YEAR		
		Never Tried	One to Five Times	Six Times Or More	Never Taken	About Once a Month Or Less	More than Once a Month
Marijuana	76.4	38.0	17.6	44.4	45.6	22.7	31.7
Inhalants	28.4	81.2	14.6	4.2	92.1	6.6	1.3
Hallucinogens	16.7	85.2	9.9	4.9	91.1	8.0	0.9
Cocaine	40.1	60.3	19.0	20.7	64.5	24.4	11.1
Heroin	3.2	98.7	0.0	1.3	97.0	2.1	0.9
Stimulants	36.9	64.3	20.1	15.6	69.3	20.2	10.5
Depressants	24.8	75.8	15.8	8.4	82.3	11.8	5.9
Tranquilizers	25.2	76.1	17.4	6.5	80.7	14.7	4.6
Alcohol	88.7	9.9	18.1	72.0	15.2	31.2	53.6
Tobacco	69.2	38.9	21.7	39.4	56.0	16.2	27.8

Overall, alcohol consumption is high when compared to the other substances. Marijuana and tobacco consumption is moderate. The taking of other substances is low. For every substance except alcohol, the ratio of students who have ever taken the substance to the number of regular takers was better than 2 to 1. For alcohol, it was not quite 2 to 1, being 41% to 22%. These ratios may indicate that there is far more drug "experimentation" than drug "usage" among the District's secondary student population.

9. Age and Past Year Experiences With Selected Drugs

Figure 2 illustrates the relationship between age and drug-taking behavior. Contained in this graph is the number of students who have reported having experience(s) with the drugs cited. These five substances have been selected because they are the ones which have been experienced most by the students in the sample. Seniors or those 18 years of age were not included because of their being under-represented in the sample.

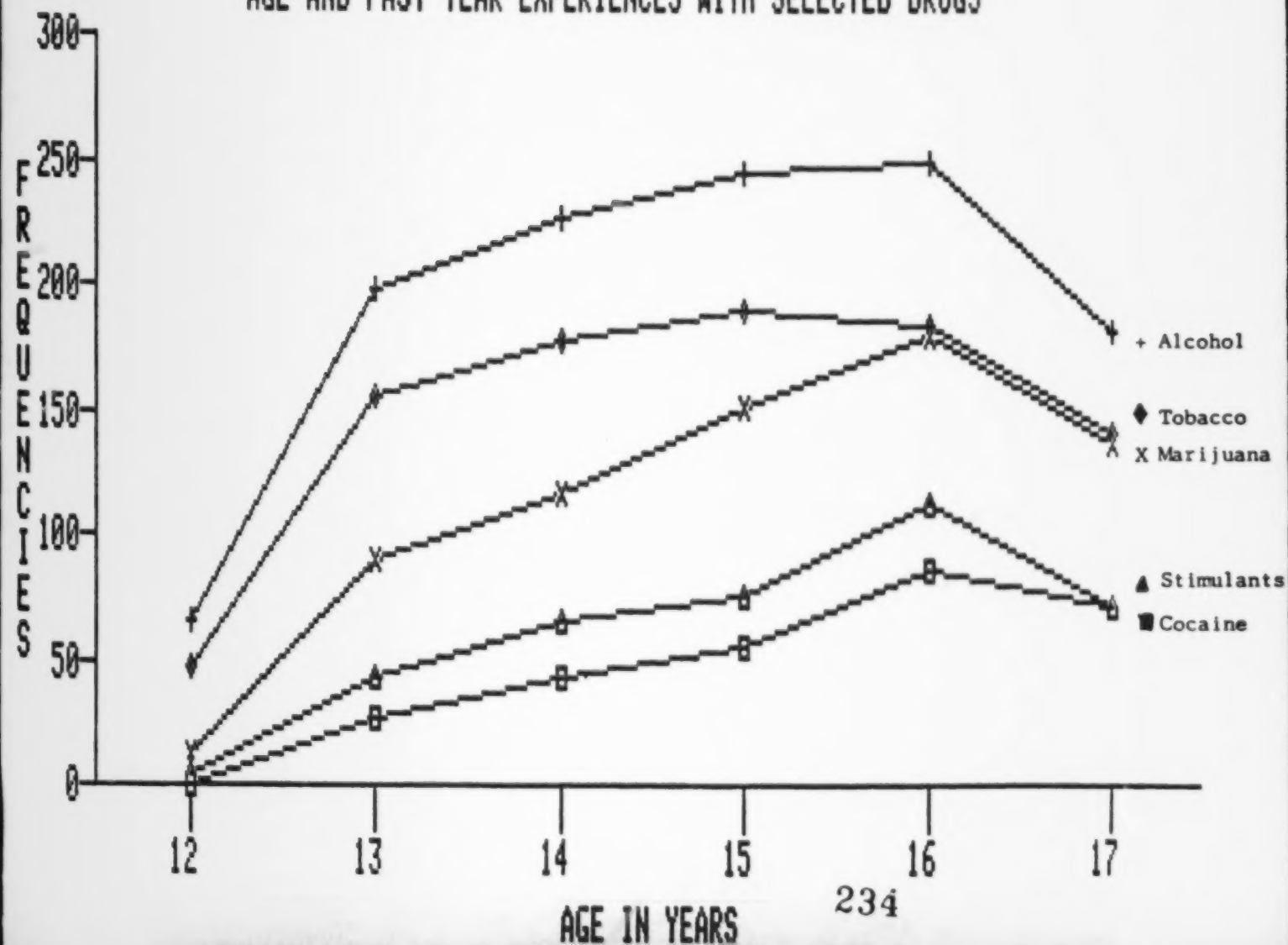
The slope or curve for each line shows that as age increases the number of students who take these drugs increases correspondingly. The taking of these drugs increases sharply from 12 to 13 years, then continues to rise, although less sharply between 13 and 15 years of age. At 16 the taking of alcohol and tobacco tends to plateau, while the taking of marijuana, stimulants and cocaine continues to show an increase. By age 17, however, the number of youth taking these drugs tends to decline.

It is interesting to observe how the slope of the line for each drug is similar and follows the others in proportion to the extent to which drugs are taken. Alcohol is the substance taken most frequently by most students, followed by tobacco, marijuana, stimulants and cocaine.

FIGURE 2

ANCHORAGE SCHOOL DISTRICT

AGE AND PAST YEAR EXPERIENCES WITH SELECTED DRUGS



In all, it appears that if drugs are to be taken, those in the 13-16 age range pose the largest potential to take them. At age 12 experimentation may just be beginning to take place, and by age 17 use of and/or experimentation tends to start to decline.

10. Comparison of 1982 with 1971 Sample of Drug Use in Anchorage Schools

In 1971 an extensive survey of 15,634 Anchorage school students was undertaken (Porter, Vieira, Kaplan, Heesch, & Colyar, 1973), and the results of this research can be contrasted with our present findings. It should be noted that the previous sample included grades 6-12, while the current sample involves grades 7-12. This difference in sample populations precludes a direct comparison but we are nevertheless making a comparison to gain a general understanding of what changes may have taken place. Table ASD-17 presents a comparison of the findings of the two studies for nine categories of drugs.

As can be seen, the percentage of those ever trying a drug has increased somewhat dramatically for all drugs except heroin, which is less than the figure reported in the 1971 sample. The largest increase is for use of marijuana (+27.4%), followed by about equal increases for stimulants (+16.8%) and cocaine (+18.2%). Thus, in the eleven year period between samples, more students may have apparently had more chances to try a drug and have actually tried different drugs. These major increases apparently follow the pattern of increase of drug use in general by American youth since the 1970's, and the increases in marijuana, cocaine, stimulants and alcohol reflect the popularity of these drugs among youth and their willingness to experiment with them.

Table ASD-17
Anchorage School District
Comparison of 1971 and 1982 Drug Use Data

<u>Drug</u>	<u>1971* Percent Ever Taken</u>	<u>1982 Percent Ever Taken**</u>	<u>Percent Change</u>
Alcohol	67.3	82.1	+14.8
Stimulants	12.8	29.6	+16.8
Depressants	9.4	19.9	+10.5
Cocaine	5.3	23.5	+18.2
Heroin	3.8	3.2	- 0.6
Marijuana	24.0	51.4	+27.4
Tranquilizers	6.2	17.9	+ 9.1
Tobacco	52.2	64.9	+12.7

Grades 6-12
N = 15,634

Grades 7-12
N = 1,588

* Porter et al., 1971

** Derived from Table ASD-6

11. Comparison with National Survey Data

The National Institute of Drug Abuse (NIDA) has over the past several years funded a series of national surveys directed at estimating the incidence and prevalence of drug use in the United States. One of these studies, called "Student Drug Use in America," (Johnston, Bachman & O'Malley, 1981), has focused on identifying prevalence of drug use among high school seniors. Beginning in 1975, annual surveys of high school seniors were conducted to assess drug-taking behavior. The results of the Anchorage School Survey will be compared with the most recent survey findings released by the National Institute of Drug Abuse (1983).

In addition to the study of high school seniors, NIDA has also funded a series of National Surveys on Drug Abuse (Fishburne & Cisin, 1980), which samples household populations in the United States to obtain a measurement of drug use prevalence among those from 12-17 years of age, 18-25, and 26 and over. The current findings from the ASD will be matched with the most recent findings from the national sample (NIDA, 1983) for 12-17 year olds in order to determine how local prevalence rates compare with the national sample.

C. Comparison with National Surveys

1. Comparison of Anchorage Seniors with National Survey of High School Seniors

Table ASD-18 contains a listing of drug-taking behavior reported by Anchorage seniors, together with the most recent report from the National Survey of High School Seniors (NIDA, 1983).

As may be observed, the Anchorage seniors experiences with psychoactive chemicals exceeded, in most cases, the rates reported for the national data.

Table ASD-18

Anchorage School District
Comparison of Anchorage Seniors
with National Survey of High School Seniors

Substance	1982 National Seniors		1982 Anchorage Seniors	
	Percent Who Have		Percent Who Have	
	Ever Taken	Taken in Past Year	Ever Taken	Taken in Past Year
Marijuana	59	44	63	54
Inhalants	13	4	19	8
Hallucinogens	13	8	15	9
Cocaine	16	12	40	36
Heroin	1	<1	1	3
Stimulants	36	26	36	31
Depressants ¹	25	9	24	18
Tranquilizers	14	7	24	19
Alcohol	93	87	90	85
Tobacco ²	70	NA	61	40

¹Represents sedatives and barbiturates combined.

²National usage includes only cigarettes ever taken. Local usage includes chewing tobacco.

Marijuana, cocaine, and tranquilizers were experienced at a considerably higher rate than reported nationally. The reported usages of alcohol, tobacco, hallucinogens, stimulants and depressants were comparable, but the Anchorage statistics tended to be higher with the exception of stimulants, where the "ever taken" rates were equal. The only exception in the comparison was for depressant type drugs, where the "ever taken" category for depressants was one percent lower than the national survey; however, it was 9% higher for use during the past year.

2. Comparison with National Surveys

The use and abuse of psychoactive substances by American youth has resulted in an interest in learning about the nature and extent of drug use among youthful populations. This interest has resulted in several national surveys to estimate the use of drugs in the general population. Although these national samples are not exactly comparable to the Anchorage School sample, comparisons can nevertheless be made among generally comparable sample groups. This data can also be compared with data from a sample of high school seniors. These comparisons are made in Table ASD-19, which also includes a listing of the source of the national survey data.

The figures in Table ASD-19 reveal that the 1982 Anchorage school sample provides much higher estimates of the number of students ever trying drugs than do the 1977, 1979, and 1982 National Samples of youth ages 12 to 17. Although the 1982 sample shows increases over 1977 and 1979, the figures for the Anchorage school sample are higher. When compared to the 1982 High School Senior Survey, however, the Anchorage figures are somewhat more comparable and, as a whole, the percentages for the high school seniors are also much higher than those reported by the two National Samples. It thus appears that when

Table ASD-19

Comparison of Anchorage School District Sample Data
with National Survey Data

Drug	Anchorage ¹ 1982 Sample: Percent Ever Taken (11-19 yr old) (N=1588)	National ² 1977 Survey: Percent Ever Taken (12-17 yr old) (N=1272)	National ³ 1979 Survey: Percent Ever Taken (12-17 yr old) (N=2165)	National ⁴ 1982 Survey: Percent Ever Taken (12-17 yr old) (N=1581)	National ^{5,6} 1982 Survey: of High School Seniors
Marijuana	51.4	28.2	30.9	26.7	59
Inhalants	18.4	9.0	9.8	—	13
Hallucinogens	9.4	4.6	7.1	5.2	13
Cocaine	23.5	4.0	5.4	6.5	16
Heroin	3.2	1.1	.5	<.1	1
Stimulants	29.6	5.2	3.4	6.7	36
Depressants	19.9	3.1	3.2	5.8	25
Tranquilizers	17.9	3.8	4.1	4.9	14
Alcohol	82.1	52.6	70.3	65.2	93
Tobacco	64.9	47.3	54.1	49.5	70

1 Derived from Table ASD-6.

2 Abelson, Fishburne, & Cisin, 1977

3 Fishburne & Cisin, 1980

4 NIDA, 1983.

5 Johnson, 1983

6 These figures have been rounded to the nearest whole number.

youth are selected out of a general population of all youth ages 12-17, the prevalence of drug use tends to be lower than when a direct sample of school students is undertaken.

What is most important to observe from the information in Table ASD-19 is that students in the Anchorage sample experiment with mood-altering drugs at levels much higher than their age counterparts in the "lower-48." The Anchorage pattern of use, however, aligns itself more closely with the prevalence rates for high school seniors, and in some cases exceeds the rates reported for the sample of high school seniors.

Summary of Part I: Experiences with Psychoactive Chemicals

In summary, it appears that those students responding to the survey tended to reflect the rise in use of marijuana and alcohol and other drugs which has characterized youth in general over the past decade. Of all the psychoactive drugs investigated (including inhalants, hallucinogens, cocaine, heroin, stimulants, sedatives, and tranquilizers) alcohol is by far the most commonly taken, followed by tobacco and then by marijuana.

Although the data indicate that there is a high rate of students "trying" different drugs, it appears that most of those trying a drug do so experimentally. That is, most students tend to try a drug one or two times, and some try it about six times. A very small percentage appear to be regular or frequent "users," except for alcohol and tobacco.

What is evident in the results is that when there is a chance to try a drug, whether it is licit or illicit, a high percentage of students will try it, but as stated above, such use appears to be mostly experimental and limited. Of all the drugs being tried, or taken, alcohol prevails as the most frequently taken/tried drug, with tobacco following.

PART II. DRUG-TAKING BEHAVIOR

A. Possible Impacts of Drug-Taking Behavior

Included in the survey were questions pertaining to potential impacts of drug-taking behavior. Tables ASD-20 and 21 report the responses to these questions.

Overall, most students, even though experimentation with drugs is high, are not reporting any difficulties with drugs. Only a total of 9% may have experienced such difficulty across all grades, and 10% have indicated missing school because of drugs. This later behavior may be attributable to suspension due to possession of drugs. Of those sampled, 11.9% have reported problems outside of school due to drug use. Interestingly, about three-quarters of the students (72.1%) sampled know someone who takes drugs. In all, it appears that about a tenth of the sample who take drugs encounter some difficulty related to taking them.

In terms of how students view the nature of drug use in their schools, inspection of Table ASD-21 shows that while most students do not view drug use as a serious problem in their school, a majority of students view it as a small to moderate problem, across grade levels. Thus, the rather strong tendency to experiment with and/or take drugs reflected in the sample is known to students in the school system, and most tend to define such use as a small to moderate problem. A small percentage (10.3%), however, see it as a serious problem. A small percentage (15.3%) also see drug use as presenting no problem in their school.

Table ASD-20

Percent of Students Responding "True" to Various Statements

	Grades							
Statement	7	8	9	10	11	12	7-12	Total
1. I have missed school because of drugs.	0.3	8.0	8.6	13.4	16.0	18.4	10.2	10.1
2. I have had problems in school because of drug use.	3.2	8.4	8.2	11.9	10.8	14.8	9.2	9.2
3. I know people who have illegal drugs.	53.0	70.2	70.0	82.4	83.5	76.6	71.7	72.1
4. I have had problems outside of school because of drug use.	4.9	11.3	10.1	16.2	16.0	13.3	11.6	11.9
5. I have been questioned about drug use by teachers, school administrators, or the police.	8.4	13.4	10.5	19.1	15.4	14.6	13.3	13.9
6. I have never had any kind of trouble at school because of drug use.	79.3	73.2	73.2	73.0	69.4	69.8	73.3	73.0

Table ASD-21

Percentage Responses to
"Right Now, Drug Use in My School Seems to Be":

Grade	A Serious Problem	A Moderate Problem	A Small Problem	No Problem	Don't Know
7	6.6	22.5	36.0	9.2	25.8
8	7.7	35.3	25.8	13.4	17.8
9	11.8	42.3	23.5	7.5	14.9
10	13.2	42.2	25.0	8.9	10.8
11	11.3	46.8	24.2	8.4	9.3
12	12.3	47.3	19.3	11.0	10.2
Total	10.3	38.6	26.1	9.7	15.3

B. Alcohol/Drug Education and Drug-Taking Behavior

In its effort to confront drug misuse, the Anchorage School District (ASD) has implemented an educational program directed at providing alcohol and drug education/prevention lessons as part of the district's health education curriculum. Some of the questions on the survey were included to review this educational effort. A comprehensive analysis of these items was undertaken by the ASD, and the results under discussion were provided by the district's assessment and evaluation branch for inclusion in this report.

The results of this part of the survey indicate that many of the students in the Anchorage School District sample reported that they have been exposed to some drug/alcohol related curriculum. Forty-one percent of the students indicated that they had received drug/alcohol lessons in 1981-82, forty percent indicated they had received such lessons in 1980-81, and seventy-three percent recalled such lessons from 1979-80. Overall, only twenty-three percent of the students stated that they had not had lessons over the past three years.

Students' perceptions of the effects of the lessons are described in Table ASD-22. This table shows the percent of students who stated that they had received instructions related to specific drugs, the percent of students who said the lessons had been helpful in the decision not to take drugs, and the percent of students who indicated that lessons in how to cope with drugs had helped them decide not to try particular drugs.

The data in this table indicate that the most common lessons dealt with alcohol and marijuana. Tobacco, hallucinogens, and cocaine were also frequent topics of lessons. Lessons dealing with topics other than alcohol were reported by students as having helped them decide not to take particular drugs. The alcohol lessons were not reported as effective in that sense. Seventy-nine percent (79%) of the students said that they had received alcohol related lessons.

Table ASD-22

Percentage Distribution to Questions
Related to Drug/Alcohol Lessons

Drug	Percent Having Lessons in Specified Area	Percent Saying any Lesson Helped to Decide Not to Take Drug	Percent Saying Coping Lessons Helped Decide Not to Take Drug
Marijuana	77.1	50.0	23.7
Inhalants	39.7	38.1	33.8
Hallucinogens	61.3	75.4	36.9
Cocaine	60.6	64.0	31.2
Heroin	56.7	77.6	37.4
Stimulants	57.7	61.8	29.7
Sedatives	55.8	67.1	31.9
Tranquilizers	48.8	67.8	32.5
Alcohol	78.9	29.4	14.5
Tobacco	69.4	54.9	22.8

Only 29% of the students said the lessons had helped them decide not to use alcohol.

Tables ASD-23A through 23J present comparisons of reported drug use patterns between students who said they had received drug lessons and those who had said they had not. Unfortunately, the sample sizes in the lower grades for "non-lesson" students are quite small, somewhat negating the comparisons.

Table ASD-24 presents a summary of the comparisons shown in Tables ASD-23A through 23J. Using the somewhat arbitrary figure of a five percentage point difference as a cut-off, this table identifies whether the non-lesson group (N) or the lesson group (L) exhibited the highest usage rate for each grade/gender group for each substance. The entries show that for both genders in grade twelve and for males in grades eight and nine the lesson students exhibited more usage than did the non-lesson students. The seventh and ninth grade female and the eleventh grade male columns show the opposite pattern. The remaining grade/gender patterns are neutral or mixed.

An additional analysis undertaken by CAAS attempted to determine more specifically the relationship between having had a drug education/prevention lesson during the past school year and drug-taking behavior. The procedure used to examine this relationship was to derive crosstabulation tables in which one classification was the participation or non-participation in drug education lessons during the past year. The second classification was the number of times drugs were taken. This category ranged from no times to 40 or more times. Crosstabulation tables (2 by 7) were formed for each of the ten chemical substances listed in the Drug Survey. The joint frequency distributions were statistically analyzed by means of the Chi-square statistic to determine whether or not the variables are statistically independent.

Table ASD-23A

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

MARIJUANA

			LESSONS			NO LESSONS		
GRADE AND SEX	<u>NUMBER IN SAMPLE</u>		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	91	21	84.6	11.0	4.4	81.0	14.3	4.7
7-F	114	19	78.9	14.0	7.1	57.9	26.3	15.8
8-M	123	10	51.2	19.5	29.3	60.0	20.0	20.0
8-F	129	3	55.0	20.9	24.1	66.7	0.0	33.3
9-M	107	14	54.2	22.4	23.4	85.7	7.1	7.2
9-F	99	8	56.6	22.2	21.2	37.5	0.0	62.5
10-M	109	40	41.3	27.5	32.2	57.5	15.0	27.5
10-F	109	31	53.2	22.0	26.8	54.8	22.6	22.6
11-M	69	54	37.7	26.1	36.2	40.7	25.9	33.4
11-F	52	46	40.4	32.7	26.9	39.1	26.1	34.8
12-M	31	28	32.3	19.4	48.3	53.6	28.6	17.8
12-F	21	21	38.1	23.8	38.1	57.1	14.3	28.6

Table ASD-23B

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

INHALANTS

		LESSONS				NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	86	21	93.0	7.0	0.0	95.2	0.0	4.8
7-F	110	18	87.3	7.3	5.4	83.3	11.1	5.6
8-M	112	10	72.3	18.8	8.9	80.0	20.0	0.0
8-F	125	3	84.8	12.0	3.2	100.0	0.0	0.0
9-M	98	14	88.8	8.2	2.0	100.0	0.0	0.0
9-F	93	7	90.3	9.7	0.0	100.0	0.0	0.0
10-M	98	38	84.7	12.2	3.1	89.5	10.5	0.0
10-F	104	27	91.3	8.7	0.0	81.5	18.5	0.0
11-M	60	49	85.0	11.7	4.3	79.6	10.2	10.2
11-F	44	44	77.3	13.6	9.1	93.2	6.8	0.0
12-M	27	26	85.2	14.8	0.0	92.3	3.8	3.8
12-F	18	18	88.9	5.6	5.6	100.0	0.0	0.0

Table ASD-23C

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

HALLUCINOGENS

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	84	21	98.8	0.0	1.2	100.0	0.0	0.0
7-F	109	17	98.2	0.9	0.9	88.2	11.8	0.0
8-M	110	9	85.5	10.0	4.5	88.9	11.1	0.0
8-F	121	3	95.9	3.3	0.8	100.0	0.0	0.0
9-M	97	14	91.8	5.2	3.0	100.0	0.0	0.0
9-F	94	7	96.8	3.2	0.0	71.4	14.3	14.3
10-M	100	38	85.0	11.0	4.0	86.8	10.5	2.6
10-F	104	27	91.3	7.7	1.0	88.9	11.1	0.0
11-M	60	49	88.3	8.3	3.4	79.6	12.2	8.2
11-F	44	44	86.4	11.4	2.2	93.2	6.8	0.0
12-M	27	26	70.4	25.9	3.7	88.5	7.7	3.8
12-F	17	18	100.0	0.0	0.0	100.0	0.0	0.0

Table ASD-23D

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

COCAINE

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	85	21	97.6	2.4	0.0	95.2	4.8	0.0
7-F	109	17	91.7	4.6	3.7	88.2	11.8	0.0
8-M	114	10	76.3	16.7	7.0	70.0	30.0	0.0
8-F	126	3	84.1	12.7	3.2	100.0	0.0	0.0
9-M	96	14	82.3	14.6	3.1	92.9	7.1	0.0
9-F	94	8	90.4	5.3	4.3	50.0	50.0	0.0
10-M	100	40	66.0	27.0	7.0	80.0	10.0	10.0
10-F	103	29	81.6	14.6	3.8	72.4	10.3	17.3
11-M	63	49	73.0	17.5	9.5	59.2	22.4	18.4
11-F	46	44	63.0	21.7	15.3	61.4	27.3	11.3
12-M	29	27	48.3	31.0	20.7	70.4	14.8	14.8
12-F	19	19	52.6	36.8	10.6	78.9	15.8	5.3

Table ASD-23E

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

HEROIN

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	84	21	100.0	0.0	0.0	100.0	0.0	0.0
7-F	108	17	98.2	0.9	0.9	88.2	11.8	0.0
8-M	109	9	91.7	5.5	2.8	88.9	11.1	0.0
8-F	122	3	97.5	1.6	0.8	100.0	0.0	0.0
9-M	96	14	94.8	4.2	1.0	100.0	0.0	0.0
9-F	94	7	98.9	1.0	0.0	100.0	0.0	0.0
10-M	100	38	93.0	5.0	2.0	97.4	2.6	0.0
10-F	103	27	95.1	2.9	2.0	100.0	0.0	0.0
11-M	59	50	96.6	0.0	3.4	86.0	6.0	8.0
11-F	43	44	95.3	2.3	2.3	97.7	2.3	0.0
12-M	26	26	96.2	0.0	3.8	92.3	3.8	3.8
12-F	17	19	94.1	5.9	0.0	100.0	0.0	0.0

Table ASD-23F

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

STIMULANTS

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	87	21	93.1	5.7	1.1	90.5	9.5	0.0
7-F	109	18	89.9	4.6	5.5	72.2	11.1	16.7
8-M	112	10	73.2	9.8	17.0	80.0	10.0	10.0
8-F	125	2	73.6	16.0	10.4	100.0	0.0	0.0
9-M	98	14	78.6	12.2	9.2	100.0	0.0	0.0
9-F	94	8	78.7	14.9	6.4	37.5	25.0	37.5
10-M	102	40	59.8	23.5	16.7	75.0	12.5	12.5
10-F	106	29	67.0	19.8	13.2	69.0	24.1	6.9
11-M	60	49	70.0	13.3	16.7	61.2	18.4	20.4
11-F	46	43	65.2	15.2	29.6	67.4	20.9	21.7
12-M	28	27	64.3	28.6	7.1	74.1	14.8	11.1
12-F	19	19	57.9	15.8	26.3	73.7	21.1	5.2

Table ASD-23G

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

SEDATIVES

		LESSONS				NO LESSONS		
GRADE AND SEX	<u>NUMBER IN SAMPLE</u> NO LESSONS LESSONS		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
7-M	85	21	97.6	2.4	0.0	95.2	4.8	0.0
7-F	109	18	93.6	2.8	3.6	72.2	11.1	16.7
8-M	110	9	75.5	13.6	10.9	77.8	11.1	11.1
8-F	124	3	84.7	10.5	4.8	100.0	0.0	0.0
9-M	97	14	85.6	9.3	5.1	100.0	0.0	0.0
9-F	94	8	90.4	5.3	4.3	50.0	25.0	25.0
10-M	100	39	73.0	20.0	7.0	82.1	15.4	2.5
10-F	102	28	79.4	13.7	6.9	75.0	14.3	10.7
11-M	61	49	80.3	9.8	9.9	73.5	12.2	14.3
11-F	43	43	81.4	9.3	9.3	81.4	14.0	4.6
12-M	26	27	76.9	19.2	3.9	74.1	22.2	3.7
12-F	17	19	76.5	0.0	23.5	94.7	5.3	0.0

Table ASD-23H

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

TRANQUILIZERS

		LESSONS				NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	82	21	98.8	1.2	0.0	100.0	0.0	0.0
7-F	108	16	94.4	3.7	1.9	75.0	25.0	0.0
8-M	110	9	80.9	13.6	5.5	88.9	11.1	0.0
8-F	122	3	89.3	7.4	3.3	100.0	0.0	0.0
9-M	95	14	85.3	12.6	2.1	100.0	0.0	0.0
9-F	95	7	87.4	8.4	4.2	57.1	0.0	42.9
10-M	100	38	74.0	16.0	10.0	89.5	7.9	2.6
10-F	101	27	82.2	10.9	6.9	85.2	11.1	3.7
11-M	61	50	86.9	6.6	6.5	68.0	22.0	10.0
11-F	44	43	75.0	15.9	9.1	86.0	14.0	0.0
12-M	26	27	73.1	23.1	3.8	77.8	18.5	3.7
12-F	16	20	75.0	6.3	18.7	85.0	15.0	0.0

Table ASD-23I

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

ALCOHOL

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	91	23	40.7	45.1	14.2	39.1	43.5	17.4
7-F	115	20	41.7	34.8	23.5	10.0	40.0	50.0
8-M	126	10	19.8	38.1	42.1	30.0	30.0	40.0
8-F	134	3	23.1	35.1	41.8	33.3	66.7	0.0
9-M	112	15	34.8	32.1	33.1	46.7	26.7	26.6
9-F	100	8	28.0	35.0	37.0	0.0	37.5	62.5
10-M	111	39	17.1	19.8	63.1	30.8	17.9	51.3
10-F	108	33	22.2	29.6	48.2	33.3	18.2	48.5
11-M	66	56	12.1	19.7	68.2	17.9	17.9	64.2
11-F	50	48	28.0	16.0	44.0	10.4	29.2	60.4
12-M	32	30	6.3	28.1	65.6	26.7	30.0	43.3
12-F	21	22	9.5	33.3	57.2	18.2	27.3	54.5

Table ASD-23J

COMPARISON OF USAGE PATTERNS FOR STUDENTS
HAVING HAD DRUG/ALCOHOL LESSONS AND
STUDENTS NOT HAVING HAD DRUG/ALCOHOL LESSONS

TOBACCO

			LESSONS			NO LESSONS		
GRADE AND SEX	NUMBER IN SAMPLE		NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH	NEVER TAKEN	TAKEN ONCE A MONTH OR LESS	TAKEN MORE THAN ONCE A MONTH
	LESSONS	NO LESSONS						
7-M	88	22	56.8	28.4	14.8	59.1	31.8	9.1
7-F	118	19	57.6	22.0	22.4	52.6	10.5	36.9
8-M	117	9	35.0	29.1	35.9	44.4	11.1	44.4
8-F	124	3	44.4	28.2	27.4	33.3	33.3	33.3
9-M	105	15	53.3	28.6	18.1	60.0	40.0	0.0
9-F	98	7	60.2	26.5	13.3	14.3	42.9	42.8
10-M	110	40	47.3	20.9	31.8	50.0	10.0	40.0
10-F	105	30	54.3	21.0	24.7	66.7	6.7	36.6
11-M	66	53	42.4	25.8	31.8	35.8	28.3	35.9
11-F	48	45	43.8	16.7	39.5	46.7	15.6	37.7
12-M	30	29	36.7	16.7	46.6	65.5	17.2	17.3
12-F	20	21	55.0	10.0	35.0	71.4	14.3	14.3

Table ASD-24

SUMMARY OF COMPARISONS OF DRUG USAGE RATES
FOR STUDENTS RECEIVING LESSONS (L) AND STUDENTS NOT
RECEIVING LESSONS (N) BY GRADE AND SEX*

	7		8		9		10		11		12	
SUBSTANCE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Marijuana	-	N	L	N	L	N	-	-	-	N	L	L
Inhalants	-	-	L	-	-	-	-	-	N	L	-	L
Hallucinogens	-	-	-	-	-	N	-	-	-	-	-	-
Cocaine	-	-	L	-	-	-	-	N	N	-	L	L
Heroin	-	-	-	-	-	-	-	-	-	-	-	-
Stimulants	-	N	L	L	L	N	-	L	-	L	-	L
Sedatives	-	N	-	-	L	N	-	-	-	-	-	L
Tranquilizers	-	-	L	-	-	N	L	-	-	L	-	L
Alcohol	-	N	-	L	L	N	L	-	-	N	L	-
Tobacco	L	N	N	N	L	N	N	N	-	-	L	L

*L = Higher usage by students who had drug/alcohol lessons
 N = Higher usage by students who never had drug/alcohol lessons
 - = Essentially the same usage rate by both groups.

The results of the Chi-square analyses are summarized in Table ASD-25.

Consistent with the school district's findings described above, the drugs for which students reported fairly frequent use showed significant Chi-square values. Yet the results differ from the district's in that a clear trend is evident. Most apparent is that those students who had drug lessons tried fewer drugs (except for marijuana, alcohol and tobacco), than those students who did not have drug lessons. Drug education/prevention lessons did not seemingly impact students trying or taking of marijuana, alcohol or tobacco.

The results of the analysis, although not definitive, tend to indicate that some drug-specific relationships between having had a drug education/prevention lesson and drug-taking behavior. Except for marijuana, alcohol and tobacco, students who reported some form of a drug education/prevention lesson during the past year reported less taking of drugs than students who did not have lessons and did try a drug.

C. Summary

In summary, the results regarding the impact of the effectiveness of the educational lessons on drug-taking behavior are equivocal. It appears that in some instances students were influenced to not try certain drugs, and in other instances, such influences were negligible, as in the case of lessons about alcohol. The overall effect, however, is compounded by the fact that most of the students in the sample were not exposed to the district's "Here's Looking at You" prevention program - one which is designed to present a comprehensive approach to drug and alcohol education. This curriculum has begun to be phased

Table ASD-25

Summary of Crosstab Analysis
Drug Education/Prevention in Lesson
and Drug-Taking Behavior

Drug	Frequency of those having had drug lessons and <u>did not</u> <u>try drug</u>	Frequency of those having had drug lessons and <u>did try</u> <u>drug</u>	Frequency of those having no drug lessons <u>did not try</u> <u>drug</u>	Frequency of those having no lessons and <u>did</u> <u>try drug</u>	X ²
Marijuana	316	282	342	420	18.62*
Inhalants	447	105	560	120	N.S.
Hallucinogens	495	43	599	71	N.S.
Cocaine	448	106	509	189	12.40*
Heroin	521	14	642	23	N.S.
Stimulants	412	146	475	227	N.S.
Sedatives	450	90	528	158	18.21*
Tranquilizers	457	80	531	142	N.S.
Alcohol	125	665	126	494	35.14*
Tobacco	222	378	261	499	14.91*

* $P < .05$

in at the early primary grades. Thus a large proportion of the students in the sample (54%) have not been exposed to this curriculum, and the remaining 56%, although being in schools where the program was offered, may not have participated in it. The alcohol/drug education in which the majority of students may have participated was through voluntary health classes or through specific programmatic efforts in high school.

It should also be noted that the pattern of results, with respect to the effectiveness of education lessons, points to an interaction effect involving grade level, gender and drug. Although further statistical analysis is needed to verify this statement, the nature of the findings clearly suggests an interaction effect. It is thus evident that much more work is needed to determine specifically the relationship between education/prevention efforts and drug-taking behavior.

Part III. Correlates of Drug-Taking Behavior

This section presents findings from the analyses of the data designed to explore the relationship between characteristics of the individual as possible correlates of drug-taking behavior. Each of the analyses is designed to answer a specific question, and the presentation of the findings have been formulated to explain how the statistical procedures were applied to the data to answer the questions posed.

A. Reasons for Trying Drugs

Question: Do the reasons reported by students for trying/taking drugs show any consistent pattern which could help us to better understand motives for drug-taking behavior?

Method: The 19 reasons in the survey for trying drugs were analyzed by means of a factor analytic procedure. Factor analysis is a statistical procedure

which is used to reduce a larger set of variables to a smaller set of variables with more meaningful composites. That is, the procedure derives sets of variables, each of which can be used as operational representatives of the entire set of the 19 reasons for trying drugs.

Results: The factor analytic procedure yielded a total of three factors which accounted for 53% of the total variance. Table ASD-26 presents the results of this analysis.

Examination of Factor I shows an interrelated set of reasons for drug-taking behavior. Loading very highly on this factor are reasons which reflect motives related to relieving stress and/or coping with negative or unwanted feelings such as: taking drugs to relieve anxiety or stress; to get away from problems and troubles; to overcome feelings of boredom or depression; and because of anger or frustration.

Other reasons also loading on this factor reflect what may be described as a "drug-effect" motive. This motive involves seeking the high which drugs produce and involves a desire to experience a feeling of relaxation, to feel creative, to expand awareness, to achieve insight, to feel more energized, and to be more at ease with friends.

In summary, persons scoring high on Factor I, which we may label as a "coping-drug-effects" factor, would appear to be using the more euphoric-like effects of drugs to seemingly deal or cope with tension related to unpleasant feelings or emotions. Additionally, such persons may be likely to take one or more drugs to obtain the effects they seek.

Factor II reveals a significantly contrasting pattern of reasons for taking/trying drugs. This factor appears to reflect what has been described as a "drug experience" motive (Segal et al., 1982). The items loading highly on

Table ASD-26

Primary Factor Loading
of Reasons for Drug Use

Reasons	Factors		
	I	II	III
1. To experience something new and exciting	-.08	.66	.20
2. To get better insight into myself	.48	-.18	.32
3. To experience the high	.15	.73	-.05
4. To satisfy my curiosity about what its like	-.20	.73	.17
5. To overcome feelings of boredom or depression	.81	.10	-.12
6. To give me more pep or energy	.65	.25	-.12
7. To relieve anxiety or tension	.85	.07	-.12
8. To be more creative	.70	-.20	-.24
9. To relate better to my friends	.32	-.18	.60
10. To expand my awareness and understanding of things	.56	-.32	.42
11. To relax	.70	.24	-.13
12. To be part of a group	-.27	.22	.74
13. To get away from problems or troubles	.82	-.07	.02
14. To have a good time with friends	.1	.57	.17
15. Because of anger or frustration	.79	-.02	-.04
16. Just feel like it	.23	.60	-.05
17. Because my friends encouraged me to	-.26	.15	.73
18. To increase the effects of other drug(s)	.47	-.25	.37
19. To decrease the effects of other drug(s)	.40	-.31	.40

this factor are: to experience the high; because of curiosity; to experience something new and different; because one just feels like it; and to have a good time with friends. All these reasons are suggestive of a desire to achieve an altered state of consciousness just for the experience of it. Additionally, the negative loadings on this factor for "taking drugs to expand one's awareness" and to "decrease or increase the effect of other drug(s)" tend to suggest that self-insight and polydrug use are not part of a sensation seeking motive. Persons scoring high on this factor, which may be called an "experience seeking" factor, would appear to be using or trying drugs primarily to find out what it would be like to experience a drug's effect.

The third factor, which may be identified as a "peer-related" factor, reflects the social or peer related processes which are known to be involved in drug-taking behavior. Loading highly on the factor are: taking drugs because of friends' encouragement; to be part of a group; to relate better to friends; and to expand one's sense of awareness. Also, loading on this factor is the taking of drugs to either increase or decrease the effects of other drugs. Persons scoring high on this factor would tend to take drugs in a social context, and would seem to take and/or experiment with one or more drugs.

Discussion

The factor structure which emerged from the analysis of reasons for taking/trying drugs indicates that three distinctly different dimensions have been found. One dimension appears to be a motive for taking/trying substances to cope with problems and/or to increase positive effect, that is, to experience a drug's effects in order to feel "good." Apparently, such drug use is motivated by an attempt to take a drug to transcend problems and to feel better.

A second dimension represents a motive to take/try drugs in order to obtain

the experience which drugs provide. This motive closely resembles the sensation seeking motive described by Segal and his co-researchers (Segal, 1978; Segal et al., 1980; Segal et al., 1982) and is strongly associated with drug-taking behavior. Sensation seeking represents a need for varied, novel, and complex sensations and experiences, and the willingness to take physical and social risks for the sake of such experience. The taking of drugs is a behavior which has been shown to be part of the lifestyle pursued by persons who demonstrate high sensation-seeking tendencies (c.f., Segal, 1978).

The third dimension represents the role that peers apparently play in taking or trying drugs. Research has emphasized the role of peers as exerting considerable influence on adolescent values and behavior (c.f., Kandel, 1978), and adolescent initiation into drug use has been shown to be largely related to attitudes and closeness of peer relationships (Johnson, 1980, Kandel, 1978a). This influence is especially prominent with respect to experiencing marijuana. The loadings obtained on Factor III appear to continue to demonstrate the role of peer influences in drug-taking behavior.

In summary, the findings from the analysis of reasons for taking/trying drugs suggest that some correlates of drug-taking have been identified. The dimensions which have been described provide a source of information which should help efforts focus more clearly on prevention and intervention strategies. Some potential implications of the findings pertaining to prevention and intervention efforts will be presented in concluding remarks following the next report of some of the findings.

B. The Relationship Between Taking/Trying Drugs and Specific Reasons for Their Use

Question: Are there different motives or reasons for taking/trying drugs associated with different drugs?

Method: A series of multiple stepwise regression analyses were undertaken in which the number of times each subject reported having taken/tried one of the chemical substances listed in the survey was compared with their responses to 19 reasons for having tried/taken a drug. Multiple regression is a statistical technique which allows the analysis of the relationship between a dependent variable (type of drug) and a set of independent or predictor variables (reasons for drug use). Stepwise multiple regression is a procedure in which the independent variables enter the regression equation one at a time, according to a preselected criterion level, and only those variables which meet the criterion level are retained in the regression equation. This procedure facilitates identification of which variables, selected out of a larger set of variables, are significantly related to the dependent variable. As applied to this study, the attempt is to identify which of the 19 reasons for taking/trying drugs are most strongly related to each of the ten drugs listed in the survey.

Results: Table ASD-27 contains a listing of the reasons for taking/trying drugs which were found to be significantly related to each of the ten drugs listed in the survey. The results tend to suggest that there are some very specific motives associated with taking/trying different drugs, a finding which supports previous research (Segal, et al., 1980).

Prior to reviewing the results of the stepwise regression procedure it should be noted that the same variables (reasons for taking/trying drugs)

Table ASD-27

Taking/Trying Drugs and
Reasons for Their Use

<u>Drug</u>	<u>Reasons For Use</u>	<u>Multiple R</u>	<u>F*</u>	<u>df</u>
Marijuana	To experience the high	.50	256.67	1/755
	To relax	.57	177.47	2/754
	To satisfy curiosity	.58	130.16	3/753
	Because of anger or frustration	.59	101.70	4/752
	To be part of a group	.60	84.58	5/751
	To be more creative	.61	73.17	6/750
	To overcome feelings of boredom/ depression	.61	63.72	7/749
Inhalants	To give me more pep or energy	.26	16.65	1/244
	To increase the effects of other drugs	.30	11.85	2/243
	Because my friends encouraged me	.33	9.79	3/242
Hallucinogens	To get better insight into myself	.35	17.40	1/122
Cocaine	To be more creative	.31	33.43	1/317
	To increase effects of other drugs	.35	22.28	2/316
	To relieve anxiety or tension	.37	17.47	3/315
	To be part of a group	.40	14.63	4/314
Heroin	To decrease the effects of other drugs	.47	11.44	1/40
Stimulants	To give more pep or energy	.35	57.0	1/403
	To increase effects of other drugs	.41	41.06	2/402
	To relax	.44	31.83	3/401
	To be more creative	.45	25.15	4/400
	To expand my awareness and understanding	.46	21.51	5/399
Sedatives	To increase the effects of other drugs	.38	45.10	1/262
	To relieve anxiety or tension	.40	25.51	2/261
Tranquilizers	To increase the effects of other drugs	.35	32.71	1/234
	To relax	.39	20.75	2/233

Table ASD-27 (Cont.)

<u>Drug</u>	<u>Reasons For Use</u>	<u>Multiple R</u>	<u>F*</u>	<u>df</u>
Alcohol	To experience the high	.53	499.74	1/1257
	Just feel like it	.56	292.04	2/1256
	To relieve anxiety or tension	.58	207.35	3/1255
	Because of anger/frustration	.58	161.73	4/1254
	Because my friends encouraged me to	.59	135.46	5/1253
	To expand my awareness	.60	116.90	6/1252
Tobacco	To experience the high	.42	208.57	1/955
	To relax	.45	124.55	2/954
	Just feel like it	.47	87.88	3/953
	To give me more pep or energy	.47	67.84	2/952

* $p < .001$ for all variables

involved in the factor analysis procedures described in Part B were entered into the multiple regression analysis. It would thus follow that some of the reasons for taking/trying drugs would cluster in a manner similar to how they loaded on the factors derived in the previous analysis.

With respect to marijuana, for example, the reasons for taking/trying marijuana group together to closely resemble the factors for taking/trying drugs. The seven reasons which were related to marijuana reflect use of marijuana for social-recreational reasons, for the drug's effects, and for what may be called "self-medication" reasons, that is taking a drug to "cope" with unwanted emotions.

Reasons for taking/trying inhalants do not interrelate strongly, but point mainly toward peer pressure and a desire to increase energy levels. Additionally, use of the drug to increase the effects of other drugs also emerges as a reason for taking/trying inhalants, but what role inhalants play to interact with other drugs is not clear.

A modest correlation emerged which indicated that hallucinogenic drugs were taken/tried primarily to achieve self-insight. This finding is consistent with research findings which have reported that achievement of self-insight is a strong motive for experiencing hallucinogenic chemicals.

Four reasons correlate with taking/trying cocaine, each reflecting a different motive for such use. One, "to be more creative," seemingly reflects the popular belief that cocaine contributes to expand one's mental activities. This is presumably an emulation of what may be described as the "Hollywood" motive, since cocaine is alleged to be used extensively by people affiliated with movies, etc. Additionally, cocaine is also used to be part of a group, a social motive, and to deal with personal stress. These last two reasons are similar to

those given for taking/trying marijuana. The fourth reason is to increase the effects of other drugs, suggesting that cocaine is taken in combination with other drugs.

No significant reasons for experiencing heroin emerged except taking or trying it to decrease the effects of other drugs. This finding suggests that little experimentation with or use of heroin may be occurring, but that those who have tried it may be doing so to achieve a heightened drug effect by taking it in combination with other drugs. An alternative explanation is that this is a spurious finding and is not interpretable.

The reasons which relate to having tried stimulant drugs resemble those for having tried marijuana. Chief among the reasons, however, is taking stimulants to achieve more pep and energy, a motive which reflects the pharmacological actions of the drug and which also corresponds to the "popularity" of the drug. Additional reasons are to relax, to be more creative and to expand one's self-awareness. These motives tend to principally reflect what has been described above as the "drug effect" motive. Stimulant type drugs are also apparently taken to increase the effects of other drugs.

As might be anticipated, a primary reason for taking/trying tranquilizers is to relax, a motive which corresponds to the pharmacological actions of tranquilizer drugs. Such drugs are also taken to increase the effects of other drugs.

With respect to alcohol, reasons for its consumption reflect what may be described as popular belief about its effects. Thus, some of the major reasons for drinking are to experience the high, because one just feels like it, and to take it to help relieve tension and to cope with unwanted feelings or emotions, and because of the encouragement by one's friends to use it. Another reason for

drinking, which is apparently related to the intoxicating effect of alcohol, is to expand one's awareness.

The reasons given for the use of tobacco parallels the general belief associated with reasons given for smoking by the general public and beliefs about the effects achieved through smoking. The reasons are: smoking helps one to relax; provides a high; and provides pep or energy. An additional reason cited is because one just feels like it.

Discussion

It seems clear that young persons who try or take drugs appear to be doing so for some very specific reasons. In general, it is possible to categorize the different reasons listed above into three basic motives to describe drug-taking behavior: (1) an expanded awareness-insight motive, (2) a drug effect motive, and (3) an increased activity motive. The expanded awareness-insight motive involves use of drugs to achieve a greater sense of understanding about oneself and of things in the environment. The drug effect motive involves the seeking of the "high" which drugs produce, a desire to experience a feeling of mellowness and a sense of being at ease with friends, as well as to feel more creative. The increased activity motive involves the taking of drugs to obtain new and exciting experiences, to satisfy curiosity, and for the "high" drugs can bring. This motive closely resembles the sensation seeking motive reported by Segal et al., (1980) to be strongly associated with drug-taking behavior of youthful students. In all, it appears that we have been able to demonstrate that specific sets of reasons appear to be present for taking different types of drugs. It also appears that these drug-taking motives may be related to one's attempt to cope with stress through altering one's state of consciousness.

C. Implications of the Findings of the Two Studies on Correlates of Drug-Taking Behavior for Prevention and Intervention Programs

The consistency of the findings across the two studies examining reasons for taking drugs appears to have some direct implication for education/prevention and intervention efforts. One important implication is that it may be necessary to recognize that drugs are being taken by some young people to simply "feel high," while other youth are taking drugs to "feel better." Drugs not only help one to experience an alteration of consciousness, but they also help to reduce or relieve stressful emotions. Taking drugs for these reasons has implications for the kind of intervention and prevention programs which are directed toward youthful drug-taking behavior. For example, where drug use is linked primarily to coping purposes, clinical intervention should focus on dealing with the person's coping ability and helping to relieve the source of stress and the need to take drugs. New coping behaviors need to be learned to be substituted for the old ones. In those cases, however, where drugs are taken primarily for the drug effect, that is, to obtain a "high," or to "feel mellow," or to "experience something new and different," then it seems more appropriate to work with the person to pursue alternative activities rather than attempting traditional clinical intervention which aims at altering personality. Emphasis can be placed on helping to find substitute behaviors and developing methods to achieve satisfactions which are currently being gained through drug use.

Successful prevention and alleviation of drug-taking behaviors is most likely to occur when specific patterns of drug use and motives for use are considered in the context of the total coping and personality style of the individual. Additionally, major inroads in dealing with drug-taking behavior can be achieved by providing more desirable alternative involvements for youth which are more rewarding than drug experiences and incompatible with reliance on chemicals.

AII-70

Conclusions and Implications of the Findings
of the Anchorage School Survey

In reviewing the overall findings from the Anchorage School District sample, it is apparent that the opportunities to try mood altering drugs is very high, and that trying drugs is also correspondingly high. Although it is not known whether the students who report having tried a drug actually took the drug, that is, whether it is the "real thing" as opposed to a "look-a-like" or a substitute chemical, the important fact is that students are involved in drug-taking behavior. The question which arises is, Why is the opportunity to try drugs so very high among the students sampled?

The most apparent answer is that the drugs are available for them to try. It is clear that these youth are reflecting what is alleged about drug use in general in Anchorage - that it is high. The drugs which are available - albeit illegally - for use do find their way down to adolescents and early teenagers in the school system. And a large percent of students are willing to try certain illicit drugs such as marijuana, cocaine and stimulants.

A second question is, Why do so many students experiment with drugs? There are several possible answers to this question. One is that many of the illicit drugs such as marijuana, stimulants and cocaine, have become incorporated into the "lifestyle" of so many people that adolescents themselves experiment with them as part of their own "normative" behavior. That is, the wide scale prevalence of drug use in general makes it a phenomenon which adolescents may pursue in order to know what drug experiences are like. Research (Segal, 1983) has shown that experimentation with drugs and even moderate drug taking by a significant percentage of youth is seen to be divorced from any particular pattern of deviant behavior or severe emotion disasters. The findings from the school sample, as described earlier, indicate clearly that many youth take drugs to

experience something new and different. It needs to be noted, however, that some students do take drugs to cope or to self-medicate, and these students are different from those who just experiment with drugs as part of the adolescent experiences. Further research is needed to explore this problem more precisely.

Another possible answer to the question of why drugs are taken is that these youth who take/try drugs may be reflecting the prevalence of drug use in the larger community. The results of the Center's survey of the adult population of Anchorage (18 years and older) show that opportunity to try and trying drugs for the Anchorage sample significantly exceeds national sample statistics for drug-taking behavior. It thus seems clear that the school age youth are reflecting what is taking place in the community as a whole.

The implications of the findings seem clear. Young persons who try and/or take drugs are doing so for some very specific reasons. These reasons, which have been categorized above, reflect a generalized motive to alter mood; that is, young people may be experiencing drugs to not only "feel good," but to "feel better." These motives have some very direct implications for education/prevention and intervention efforts. Emphasis, therefore, needs to be placed on helping to find substitute behaviors and developing methods to achieve satisfactions which are currently being gained through drug use. Educational curriculum specialists need to base their efforts on the assumption that most drug-taking youth are not necessarily deviant or pathological. Rather, drug-taking behavior may be a social norm, and drugs are being taken in much the same way that the general population tends to use alcohol (Segal et al., 1982). A more detailed discussion of this recommendation is presented in the conclusions section of the Center's report in which all the school findings will be reviewed.